

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM791554

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
RESUBMIT DOCUMENT ID:	900737537		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Singular Sleep, LLC		12/13/2018	Limited Liability Company: SOUTH CAROLINA
RECEIVING PARTY DATA			
Name:	Singular Sleep, LLC		
Street Address:	830 A1A N, Suite 13-308		
City:	Ponte Vedra Beach		
State/Country:	FLORIDA		
Postal Code:	32082		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	5025905	SINGULAR SLEEP	
CORRESPONDENCE DATA			
Fax Number:	5124578008		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	5124578000		
Email:	ssterling@dbcllp.com		
Correspondent Name:	DUBOIS, BRYANT & CAMPBELL, LLP		
Address Line 1:	303 Colorado St.		
Address Line 2:	Suite 2300		
Address Line 4:	Austin, TEXAS 78701		
ATTORNEY DOCKET NUMBER:	6594-1 SINGULAR SLEEP		
NAME OF SUBMITTER:	STEPHANIE R. STERLING		
SIGNATURE:	/STEPHANIE R. STERLING/		
DATE SIGNED:	03/03/2023		
Total Attachments: 5			
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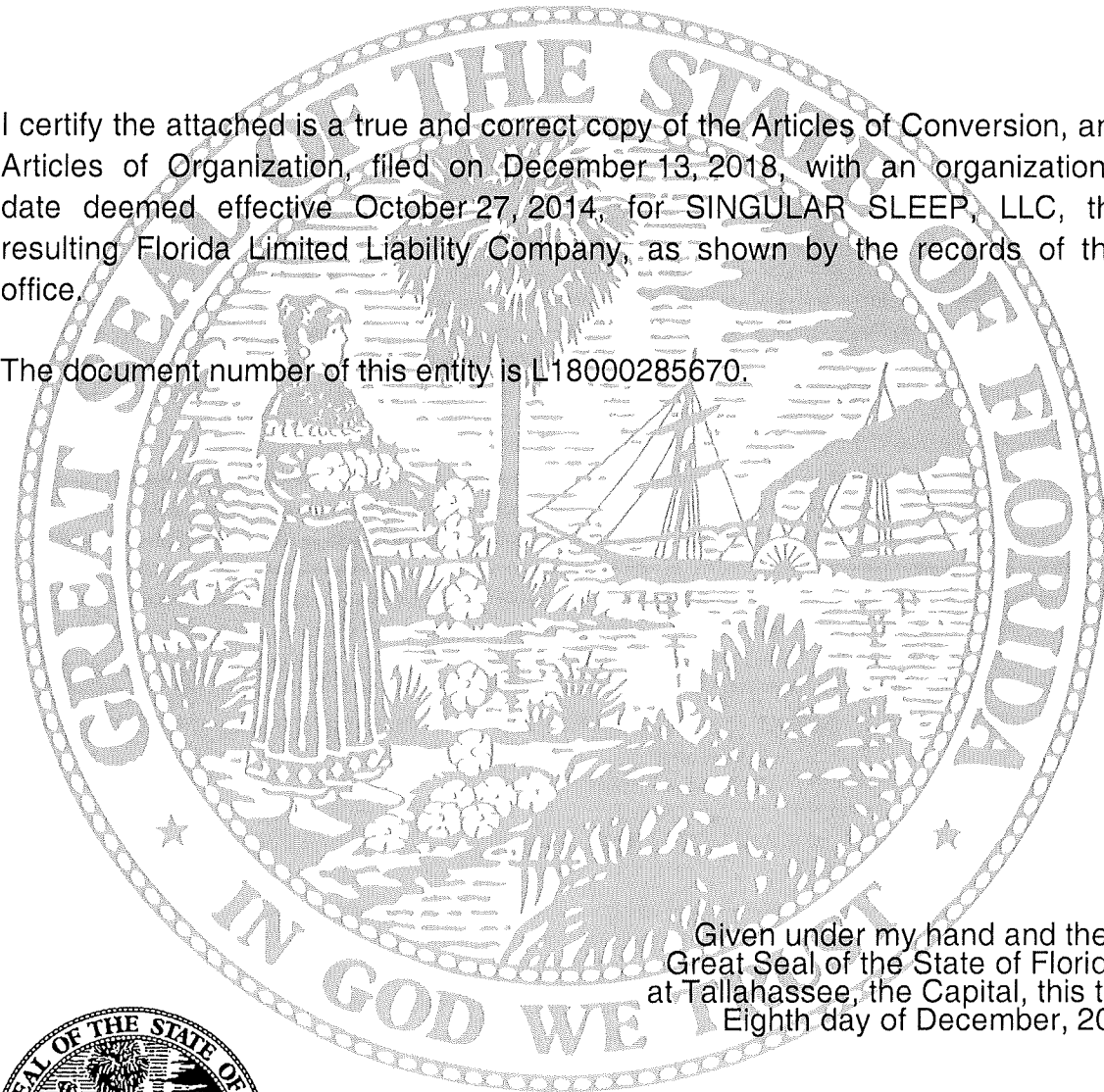
State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Conversion, and Articles of Organization, filed on December 13, 2018, with an organizational date deemed effective October 27, 2014, for SINGULAR SLEEP, LLC, the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L18000285670.



Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Eighth day of December, 2022



CR2E022 (01-11)


Cord Byrd
Secretary of State

TRADEMARK

REEL: 007992 FRAME: 0451

Articles of Conversion
FOR
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Singular Sleep, LLC M18-3954
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of South Carolina
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/27/2014
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Singular Sleep, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

FILED
18 DEC 13 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 13th day of November 2018.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Joseph Krainin Title: Authorized member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: Joseph Krainin Title: Authorized member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Singular Sleep, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

830 A1A, Suite 13-308
Ponte Vedra Beach FL
32082

Mailing Address:

830 A1A, Suite 13-308
Ponte Vedra Beach FL
32082

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Joseph Krainin

Name

830 A1A, Suite 13-308

Florida street address (P.O. Box **NOT** acceptable)

Ponte Vedra FL 32082

City Beach Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 DEC 13 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRADEMARK

REEL: 007992 FRAME: 0454

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Joseph Krainin

590 AIA N, Suite 13-308

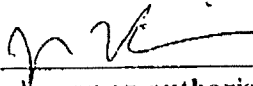
Fort Lauderdale Beach, FL 32082

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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18 DEC 13 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joseph Krainin

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)