OP \$90.00 86617580

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

rsion v1.1 ETAS ID: TM847790

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
OPEN MESH, INC.		08/21/2023	Corporation: OREGON

RECEIVING PARTY DATA

Name:	me: OPEN MESH, LLC	
Street Address:	701 BRICKELL AVE., STE 400	
City:	MIAMI	
State/Country:	FLORIDA	
Postal Code:	33131	
Entity Type:	Limited Liability Company: OREGON	

PROPERTY NUMBERS Total: 3

Property Type	Number	Word Mark
Serial Number:	86617580	CLOUDTRAX
Serial Number:	87011473	OM
Serial Number:	87011480	OM

CORRESPONDENCE DATA

Fax Number: 4352521361

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.

Phone: 4352521360

Email: cvancott@mabr.com
Correspondent Name: Rachel Jacques
Address Line 1: 1389 Center Drive

Address Line 2: Suite 300

Address Line 4: Park City, UTAH 84098

NAME OF SUBMITTER:	Rachel Jacques		
SIGNATURE:	/Rachel Jacques/		
DATE SIGNED:	10/23/2023		

Total Attachments: 2

source=Open Mesh Inc to LLC Conversion#page1.tif source=Open Mesh Inc to LLC Conversion#page2.tif

TRADEMARK REEL: 008235 FRAME: 0052



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED: AUG 31, 2023 OREGON SECRETARY OF STATE

REGISTRY NUMBER: 466369-99

Articles of Conversion (2/18)

In a	ccordance with Oregor must release this infor	n Revised Statute 192.410-192.490, the information mation to all parties upon request and it will be post	on this application is pued on our website.	OPEN MESH, LLC	999-20140022	CNV	
		egibly in Black Ink. Attach Additional Sheet if					
1.		iness Entity Prior to Conversion:	OPEN MESH, INC.				
2.	Type of Busin	ness Entity Prior to Conversion:	For Profit (Corporation			
3.	Name of Busi	iness Entity After Conversion:	OPEN ME	SH, LLC			
4.		ness Entity After Conversion:	Limited Lia	imited Liability Company			
5.	Will the conve	erted entity have continued existe	nce in Oregon?	Yes × No	41,75,41		
6.	If no, where v	vill the jurisdiction be?					
7.	Select one of	the following:					
		of the plan of conversion is attache	d.				
	•	ss where the plan of conversion is or					
	Address	701 Brickell Ave Ste 4	00				
	City	Miami State FL Zip	Code 33131				
,	A copy will be pr	rovided upon request to any owner, in obtained authorization and approv	member or shareh	older at no cost. Each	party (as specified by vern the business en	the statute)	
8.		tional information required for nev					
		version will be effective		• ,			
	· · · · · · · · · · · · · · · · · · ·						
		•					
9.	Oregon Corp	oration and Limited Liability Com	pany Requiremer	it:			
	, Oregon Co	orporations and Limited Liability Com ncludes the Principal Place of Busine	panies comply wit	h <u>House Bill 2191</u> by a	ttaching an <u>informatio</u>	on change	
10	10. Execution: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.) I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.						
Signature: ODOCUSigned by: Printed Name: Title:							
Syndle Tofigh Sepreden Tofigh Secretary				Secretary			
	CONTACT NAM	E: (To resolve questions with this filing)	FEES	Plates to the first of the firs		And the second second second	
			Domesti	c Required Processing Fee	\$100	1	
	PHONE NUMBER:	(include area code)	ž.	Required Processing Fee	\$275		
			i Processina	Fees are nonrefundable. Please ma	ke check payable to "Corporation	ı Division".	

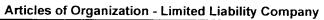
TRADEMARK
REEL: 008235 FRAME: 0053

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

Articles of Organization - Limited Liability Company 11/17)

RECORDED: 10/23/2023

P6#2



Free copies are available at sos.oregon.gov/business using the Business Name Search program.

TRADEMARK REEL: 008235 FRAME: 0054

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

Printform

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REGISTRY NUMBER: 466369-99

ac Ve n	cordance with Oregon Revised Statute 192.410-192.490, the information on this a nust release this information to all parties upon request and it will be posted on ou	application is p ur website.	ublic record.	For office use only	
Ple	ase Type or Print Legibly in Black ink. Attach Additional Sheet if Necessa NAME OF LIMITED LIABILITY COMPANY: (Must contain the word	arv.	bility Company" or the abbreviatio		
	Open Mesh, LLC				
	DURATION: (Please check one.) © Duration shall be perpetual. C Latest date upon which the Limited Liability Company is to dissolve is	9.	C BENEFIT COMPANY: The company subject to sections 1 (additional requirements apple) (INDEMNIFICATION: The members, managers, employees, expenses under ORS 63.160 - 63.1	ne company elects to indemnify its agents for liability and related	
J.	PRINCIPAL OFFICE: (Must be a physical street address) 701 Brickell Ave Ste 400	10.	C SEE ATTACHED NAME AND ADDRESS OF EACH PERSON WHO IS FORMIT THIS BUSINESS: (ORGANIZER)		
	Miami, FL 33131	_	·	kell Ave Ste 400 Miami FL 33131	
4.	REGISTERED AGENT: (Individual or entity that will accept legal service for this business)	- :			
	Corporation Service Company		LIST MEMBERS AND/OR N	MANAGERS NAMES AND	
5.	REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's office.)	- 11.	ADDRESSES (MAY BE REQUIRED OWNERS: (MEMBERS) (Na	BY YOUR BANK)	
	1127 Broadway Street NE, Suite 310	_			
	Salem, OR 97301	_			
6.	ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:	12.	MANAGERS: (MANAGERS	(Names and Addresses)	
	701 Brickell Ave Ste 400		Sepedeh Tofigh 701 Brickell Ave Ste 400 Miami FL 33131		
	Miami, FL 33131	_	Katherine Wagner 701 Bri	ickell Ave Ste 400 Miami FL 33131	
7.	HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?	_	Marcus Vera 701 Bricke	ell Ave Ste 400 Miami FL 33131	
	This LLC will be member-managed by one or more members.	13	3. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address) List the name and address of at least one individual who is a member or		
	This LLC will be manager-managed by one or more managers.		manager of the LLC or an authorized representative with direct knowledg		
8.	IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: ORS 58.015(5)(m)		·	he operations and business activities of the LLC. epedeh Tofigh 701 Brickell Ave Ste 400 Miami FL 3313.	
		-			
I d mi the	4. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING to the clare as an authorized signer, under penalty of perjury, that this document of stepresent the identity of the person or any members, managers, employees to best of my knowledge and belief, true, correct, and complete. Making false personment or both.	does not fraud or agents of t	ulently conceal, fraudulently obscu he limited liability company. This fi	iling has been examined by me and is, to	
	GNATURE: OccuSigned by:	PRINTED N	IAME:	TITLE:	
_	Sepedel Totigle	Sepedeh	Tofigh	Manager	
co	NTACT NAME: (To resolve questions with this filing) Sepedeh Tofigh	,×°u•	EES According to the control of the	STANDARD STA	
PH	ONE NUMBER: (Include area code)	ì	· ·	e make check payable to "Corporation Division".	