

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

Assignment ID: TMI129285

| | | | |
|---|------------------------------------|-----------------------|----------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ENTITY CONVERSION | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Health Coalition, Inc. | | 02/26/2024 | Corporation: FLORIDA |
| RECEIVING PARTY DATA | | | |
| Company Name: | Health Coalition, LLC | | |
| Street Address: | 8320 NW 30th Terrace | | |
| City: | Doral | | |
| State/Country: | FLORIDA | | |
| Postal Code: | 33122 | | |
| Entity Type: | Limited Liability Company: FLORIDA | | |
| PROPERTY NUMBERS Total: 4 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 5978522 | TRACK N TREND | |
| Registration Number: | 5326797 | TRACK N TREND | |
| Registration Number: | 5326796 | TRACK N TREND | |
| Registration Number: | 5978523 | TRACK N TREND | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 3059615812 | | |
| <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: | 3055790812 | | |
| Email: | ipmiami@gtlaw.com,mrv@gtlaw.com | | |
| Correspondent Name: | Manuel R. Valcarcel Esq. | | |
| Address Line 1: | 333 S.E. 2nd Avenue, 44th Floor | | |
| Address Line 2: | Greenberg Traurig, P.A. | | |
| Address Line 4: | Miami, FLORIDA 33131 | | |
| ATTORNEY DOCKET NUMBER: | 022976.011400 | | |
| NAME OF SUBMITTER: | Mary Marcos | | |
| SIGNATURE: | Mary Marcos | | |
| DATE SIGNED: | 03/28/2024 | | |
| 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 February 26, 2024, with an organizational date deemed effective August 4, 1988, for HEALTH COALITION, INC., the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L24000095228.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-seventh day of February, 2024



CR2E022 (01-11)


Cord Byrd
Secretary of State

TRADEMARK

REEL: 008383 FRAME: 0316

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:
Health Coalition, Inc

(Enter Name of Other Business Entity)

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

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

on August 4, 1988
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Health Coalition, 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.

Signed this 26 day of February 2024

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Walter R. Shikany, III Title: President and Manager

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

Signature: [Signature]
Printed Name: Walter R. Shikany, III Title: President and CEO

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) |

RECORDED
FEB 27 2024
12:00 PM
STATE OF FLORIDA
CORPORATION DIVISION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Health Coalition, 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:

Mailing Address:

8320 NW 30th Terrace, Doral, FL 33122

8320 NW 30th Terrace, Doral, FL 33122

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

City

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Walter R. Shikany, III

8320 NW 30th Terrace, Doral, FL 33122

MGR

Terri R. Shikany

8320 NW 30th Terrace, Doral, FL 33122

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

Walter R. Shikany, III shall serve as President and CEO of Health Coalition, LLC.

Terri R. Shikany shall serve as Secretary and Treasurer of Health Coalition, LLC.

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.

Walter R. Shikany, III

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)