

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM458237

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Best Electric and Air, Inc.		07/19/2013	Corporation: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Best Home Services of SW Florida, LLC		
<b>Street Address:</b>	1455 Rail Head Blvd., #1		
<b>City:</b>	Naples		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	34110		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4468050	BEST HOME SERVICES	
<b>Registration Number:</b>	4504290	BEST HOME SERVICES	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2392542942		
<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>			
<b>Phone:</b>	2392542905		
<b>Email:</b>	trademarks@hahnlaw.com		
<b>Correspondent Name:</b>	Jeanne L. Seewald		
<b>Address Line 1:</b>	5811 Pelican Bay Blvd., Suite 650		
<b>Address Line 4:</b>	Naples, FLORIDA 34108		
<b>NAME OF SUBMITTER:</b>	Jeanne L. Seewald		
<b>SIGNATURE:</b>	/jls/		
<b>DATE SIGNED:</b>	01/17/2018		
<b>Total Attachments: 4</b>			
source=Best Home BEST HOME SERVICES Certificate of Conversion#page1.tif			
source=Best Home BEST HOME SERVICES Certificate of Conversion#page2.tif			
source=Best Home BEST HOME SERVICES Certificate of Conversion#page3.tif			
source=Best Home BEST HOME SERVICES Certificate of Conversion#page4.tif			

CH \$65.00 4468050

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Best Electric and Air, Inc.  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation 672378  
(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 June 4, 1980  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Florida

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

Best Home Services of SW Florida, LLC  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: date of filing.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
AUG 5 11:09 AM '80

Signed this 19 day of July 2013.

**Signature of Member or Authorized Representative of Limited Liability Company:**  
Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: [Signature]  
Printed Name: Chadd Hodges Title: MGRM

**Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]  
Printed Name: Chadd Hodges Title: VP&D

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:**

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
7:22 AM -5 11/11/09

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Best Home Services of SW Florida, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

10911 Harmony Park Drive, Ste. 2  
Bonita Springs, FL 34135

**Mailing Address:**

10911 Harmony Park Drive, Ste. 2  
Bonita Springs, FL 34135

**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:

Chadd Hodges  
Name

10911 Harmony Park Drive, Ste. 2  
Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs FL 34135  
City, State, and Zip

7/11/09  
2:11:09  
SECRETARY OF STATE  
FALL ACHASSE FLORIDA

*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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Chadd Hodges  
10911 Harmony Park Drive, Ste. 2  
Bonita Springs, FL 34135

MGRM

Keegan Hodges  
10911 Harmony Park Drive, Ste. 2  
Bonita Springs, FL 34135

MGRM

Marilyn Hodges  
10911 Harmony Park Drive, Ste. 2  
Bonita Springs, FL 34135

\_\_\_\_\_

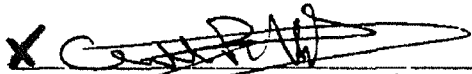
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: date of filing  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Chadd Hodges, MGRM

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN 17 2018