

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM471604

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
City Cab Company of Orlando, Inc.		03/23/2018	Corporation: FLORIDA
RECEIVING PARTY DATA			
Name:	City Cab Company of Orlando LLC		
Street Address:	324 West Gore Street		
City:	Orlando		
State/Country:	FLORIDA		
Postal Code:	32806		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 25			
Property Type	Number	Word Mark	
Registration Number:	4156113	CHECKER CAB	
Registration Number:	4536195	CHECKER CAB	
Registration Number:	4370977	CITY CAB	
Registration Number:	4461565		
Registration Number:	5054684	MEARS	
Registration Number:	4810462	MEARS RIDE	
Registration Number:	4903172		
Registration Number:	4903173		
Registration Number:	4810450	MEARS RIDE	
Registration Number:	4757830	MEARS TAXI	
Registration Number:	4903171		
Registration Number:	4903169		
Registration Number:	4757831	MEARS TAXI	
Registration Number:	4770662		
Registration Number:	3707118		
Registration Number:	3707119		
Registration Number:	3703741		
Registration Number:	3703742		
Registration Number:	4465145		
TRADEMARK			

CH \$640.00 4156113

Property Type	Number	Word Mark
Registration Number:	4461472	
Registration Number:	4465129	
Registration Number:	4469368	
Registration Number:	4554953	
Registration Number:	4462820	
Registration Number:	4443902	YELLOW CAB CO.

CORRESPONDENCE DATA

Fax Number: 5616596313
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: 561-653-5000
Email: ip@akerman.com
Correspondent Name: Michael K. Dixon
Address Line 1: 777 South Flagler Drive
Address Line 2: Suite 1100 - West Tower
Address Line 4: West Palm Beach, FLORIDA 33401

ATTORNEY DOCKET NUMBER:	MEARS/CITY CAB (262745)
NAME OF SUBMITTER:	Michael K. Dixon
SIGNATURE:	/Michael K. Dixon/
DATE SIGNED:	04/27/2018

Total Attachments: 6
source=MEARS-0 Document re Conversion of City Cab Company of Orlando, Inc. to City Cab Company of Orlando, LLC#page1.tif
source=MEARS-0 Document re Conversion of City Cab Company of Orlando, Inc. to City Cab Company of Orlando, LLC#page2.tif
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
MAR 26 2018



100310502541

03/26/18--01002--005 **185.00

DEPARTMENT OF STATE
18 MAR 23 PM 4:38

FILED
18 MAR 23 AM 10:29
STATE DEPT OF STATE
FALL ANASSIS

TRADEMARK
REEL: 006348 FRAME: 0268



**CAPITOL
SERVICES**

Filing Cover Sheet

To: Florida Division of Corporations

From: Taylor Seay C/O Capitol Services, Inc.

Date: 3/23/2017

Trans#: 967654

Entity Name:

1.) CITY CAB COMPANY OF ORLANDO INC. CONVERTING INTO CITY CAB COMPANY OF ORLANDO LLC

Articles Incorporation ()

Articles of Amendment ()

Articles of Dissolution ()

Annual Report ()

Conversion (XX)

Fictitious Name Registration ()

Foreign Qualification ()

Limited Liability ()

Limited Partnership ()

Merger ()

Reinstatement ()

Withdrawal / Cancellation ()

Other ()

STATE FEES PREPAID WITH CHECK#1186 FOR \$185.00

PLEASE RETURN:

Certified Copy (XX)

Plain Photocopy ()

Good Standing (XX)

Certificate of Fact ()

FILED
18 MAR 23 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
CITY CAB COMPANY OF ORLANDO INC. (18226C)

(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 December 20, 1954
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
CITY CAB COMPANY OF ORLANDO 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 23rd day of March 2018

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Charles E. Cams, Jr. Title: Authorized Representative

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

Signature: [Signature]
Printed Name: Charles E. Cams, Jr. Title: Chief Executive Officer

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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 SECOND FLOOR
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CITY CAB COMPANY OF ORLANDO 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:

324 W. Gore Street
Orlando, FL 32806

Mailing Address:

324 W. Gore Street
Orlando, FL 32806

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:

Swann Hadley Stump Dietrich & Spears, P.A.

Name

200 E. New England Avenue, Suite 300

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

Winter Park

FL 32789

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)

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TALLAHASSEE

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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:

Charles E. Carns, Jr.

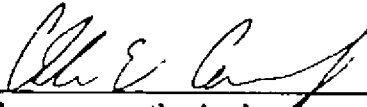
324 W. Gore Street

Orlando, FL 32806

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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.

Charles E. Carns, Jr.

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)

18 MAR 23 AM 10:29
SECRETARY
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03/23/2018 BY 60322
FILED