

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM471637

<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>
Mears Transportation Group, Inc.		03/23/2018	Corporation: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Mears Transportation Group, LLC		
<b>Street Address:</b>	324 West Gore Street		
<b>City:</b>	Orlando		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32806		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2323141		
<b>Registration Number:</b>	3621785	MEARS TRANSPORTATION GROUP	
<b>Registration Number:</b>	3621784	MEARS TRANSPORTATION GROUP	
<b>Registration Number:</b>	2290710	MEARS TRANSPORTATION GROUP	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5616596313		
<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>	561-653-5000		
<b>Email:</b>	ip@akerman.com		
<b>Correspondent Name:</b>	Michael K. Dixon		
<b>Address Line 1:</b>	777 South Flagler Drive		
<b>Address Line 2:</b>	Suite 1100 - West Tower		
<b>Address Line 4:</b>	West Palm Beach, FLORIDA 33401		
<b>ATTORNEY DOCKET NUMBER:</b>	MEARS-0 MTG 211258		
<b>NAME OF SUBMITTER:</b>	Michael K. Dixon		
<b>SIGNATURE:</b>	/Michael K. Dixon/		
<b>DATE SIGNED:</b>	04/27/2018		
<b>Total Attachments: 6</b>			

CH \$115.00 2323141

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

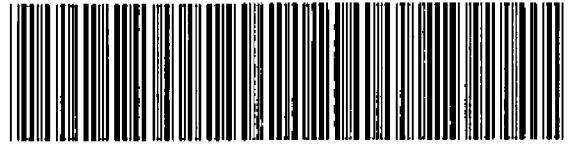
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M. MOON  
MAR 26 2018



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03/26/18--01002--007 \*\*185.00

RECEIVED  
DEPARTMENT OF STATE  
18 MAR 23 PM 4:41

FILED  
18 MAR 23 AM 10:58  
SECRETARY OF STATE  
FALL ARREST/STATION

TRADEMARK  
REEL: 006357 FRAME: 0823



**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.) MEARS TRANSPORTATION GROUP, INC. CONVERTING INTO MEARS  
TRANSPORTATION GROUP, 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#1188 FOR \$185.00

**PLEASE RETURN:**

Certified Copy (XX)

Plain Photocopy ( )

Good Standing (XX)

Certificate of Fact ( )

FILED  
18 MAR 23 AM 10:58  
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:  
MEARS TRANSPORTATION GROUP, INC. (593084)

(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 September 21, 1987  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
MEARS TRANSPORTATION GROUP, 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. Carns, Jr. Title: Authorized Representative

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

Signature: [Signature]  
Printed Name: Charles E. Carns, 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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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MEARS TRANSPORTATION GROUP, 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:**

324 W. Gore Street  
Orlando, FL 32806

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)

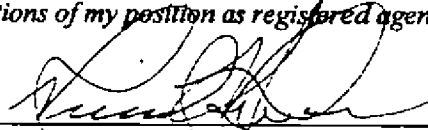
Winter Park

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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18 MAR 23 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

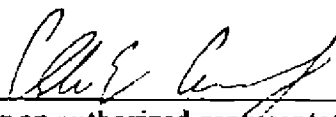
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TALLAHASSEE  
SECRETARY OF STATE

(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)**