

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM655065

| | | | |
|---|--|-----------------------|----------------------|
| SUBMISSION TYPE: | RESUBMISSION | | |
| NATURE OF CONVEYANCE: | ENTITY CONVERSION | | |
| RESUBMIT DOCUMENT ID: | 900597112 | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Cano Medical Dental, Inc. | | 10/13/2016 | Corporation: FLORIDA |
| RECEIVING PARTY DATA | | | |
| Name: | Cano Health, LLC | | |
| Street Address: | 9725 NW 117th Avenue | | |
| Internal Address: | Suite 200 | | |
| City: | Miami | | |
| State/Country: | FLORIDA | | |
| Postal Code: | 33178 | | |
| Entity Type: | Limited Liability Company: FLORIDA | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Serial Number: | 86729503 | CANO AMERICA | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 8032559831 | | |
| <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: | (407) 839-4251 | | |
| Email: | ip@nelsonmullins.com | | |
| Correspondent Name: | Nelson Mullins Riley & Scarborough LLP | | |
| Address Line 1: | 301 South College Street | | |
| Address Line 2: | Suite 2300, IP Department | | |
| Address Line 4: | Charlotte, NORTH CAROLINA 28202 | | |
| ATTORNEY DOCKET NUMBER: | 153884/00001 | | |
| NAME OF SUBMITTER: | Holly L. Collins | | |
| SIGNATURE: | /Holly L. Collins/ | | |
| DATE SIGNED: | 06/21/2021 | | |
| Total Attachments: 5 | | | |
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| source=Notice and Resubmission#page2.tif | | | |

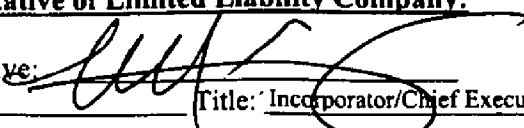
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Signed this 13th day of October 2016

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Marlow Hernandez Title: Incorporator/Chief Executive Officer

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

Signature: 
Printed Name: Marlow Hernandez Title: President/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
OF
CANO HEALTH, LLC**

ARTICLE I – NAME

The name of this limited liability company (the "LLC") is **Cano Health, LLC**.

ARTICLE II – PURPOSE

The purpose for which the LLC is organized is to engage in any activity or business permitted under the laws of the United State and the State of Florida.

ARTICLE III - ADDRESS

The street address and mailing address of the LLC's principal office is 680 N. University Drive, Pembroke Pines, Florida 33024.

ARTICLE IV – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name of the LLC's initial registered agent is Marlow Hernandez.

The street address and mailing address of the LLC's registered agent is 680 N. University Drive, Pembroke Pines, Florida 33024

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)

ARTICLE V - MANAGEMENT

The LLC is a member-managed limited liability company.

ARTICLE VI – AUTHORIZED OFFICER

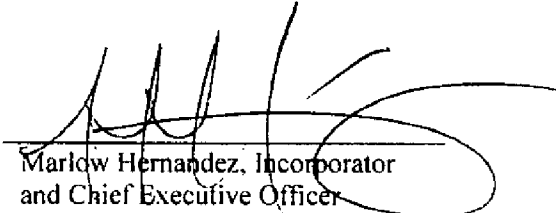
The name and address of each person authorized to manage and control the LLC
is:

Chief Executive Officer: Marlow Hernandez
680 N. University Drive
Pembroke Pines, Florida 33024

ARTICLE VII - DURATION

The duration of the LLC will be perpetual unless earlier terminated pursuant to its
Operating Agreement or Florida law.

By:


Marlow Hernandez, Incorporator
and Chief Executive Officer

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