

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM792867

<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>
US HEALTH DRUGSTORE LLC		08/29/2022	Limited Liability Company: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	US HEALTH DRUGSTORE INC		
<b>Street Address:</b>	1545 Algardi Ave		
<b>City:</b>	Coral Gables		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33146		
<b>Entity Type:</b>	Corporation: FLORIDA		
<b>PROPERTY NUMBERS Total: 12</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	97758172	FROSTFAT	
<b>Serial Number:</b>	97758169	T ZONE REVIVAL	
<b>Serial Number:</b>	97724878	RETRX 314	
<b>Serial Number:</b>	97640718	PHARMA DEVELOPPEMENT	
<b>Serial Number:</b>	97640701	OUTCELL	
<b>Serial Number:</b>	97640677	RET314	
<b>Serial Number:</b>	97640644	FLASHRX	
<b>Serial Number:</b>	97640691	PEPRX	
<b>Serial Number:</b>	97611385	FRENCHPHARMACY FP	
<b>Serial Number:</b>	97611363	FRENCHPHARMACY	
<b>Serial Number:</b>	90794998	FRENCHPHARMACY FP	
<b>Serial Number:</b>	88149538	FRENCH PHARMACY FP	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3052393640		
<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>	7868376787		
<b>Email:</b>	benjamin@epgdllaw.com		
<b>Correspondent Name:</b>	Benjamin Lee Bedrava		

OP \$315.00 97758172

**Address Line 1:** 777 SW 37th Ave Ste 510  
**Address Line 4:** Miami, FLORIDA 33135

**NAME OF SUBMITTER:** Benjamin Lee Bedrava

**SIGNATURE:** /Benjamin Lee Bedrava/

**DATE SIGNED:** 03/08/2023

**Total Attachments: 6**

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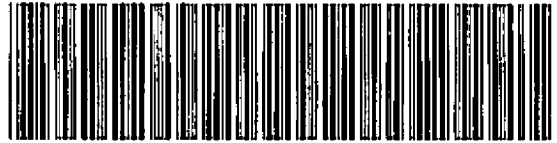
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(Requestor's Name)

(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

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STATE DEPARTMENT OF REVENUE  
TAX COLLECTION

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D. O'KEEFE

NOV 17 2022

TRADEMARK  
REEL: 007997 FRAME: 0209

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: US Health Drugstore Inc  
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Jerome Salem

Contact Person

Firm/Company

5255 Collins Avenue, APT 14B

Address

Miami Beach, FL 33140

City, State and Zip Code

js@frenchpharmacy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome Salem

Name of Contact Person

at ( 305 ) 699-8102

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees     \$113.75 Filing Fees and Certificate of Status     \$113.75 Filing Fees and Certified Copy     \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

US Health Drugstore LLC

Enter Name of the Converting Entity

2. The converting entity is a Limited Liability Company

(Enter entity type. Example: limited liability company, 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 February 5, 2018

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

US Health Drugstore Inc

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: August 6, 2022

**(The effective date: Cannot be prior to nor more than 90 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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signed this 29th day of August, 2022

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

~~Signature~~  
Printed Name: Jerome Salem Title: President

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: (See below for required signature(s).)**

Signature: ~~Signature~~  
Printed Name: JEROME SALEM Title: PRESIDENT

Signature: ~~Signature~~

Printed Name: ~~Printed Name~~ Title: ~~Title~~

Signature: ~~Signature~~

Printed Name: ~~Printed Name~~ Title: ~~Title~~

Signature: ~~Signature~~

Printed Name: ~~Printed Name~~ Title: ~~Title~~

Signature: ~~Signature~~

Printed Name: ~~Printed Name~~ Title: ~~Title~~

Signature: ~~Signature~~

Printed Name: ~~Printed Name~~ Title: ~~Title~~

**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.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I NAME**

The name of the corporation shall be: US Health Drugstore Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

5255 Collins Avenue, APT 14B

Miami Beach, FL 33140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Jerome Salem, President

Address: 5255 Collins Avenue, APT 14B

Miami Beach, FL 33140

Name and Title: Timothy A. Salem, Director

Address: 5255 Collins Avenue, APT 14B

Miami Beach, FL 33140

Name and Title: Angelina Salem, Director

Address: 5255 Collins Avenue, APT 14B

Miami Beach, FL 33140

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jerome Salem  
Address: 5255 Collins Avenue, APT 14B  
Miami Beach, FL 33140

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
Date

08/29/2022

ALLAH ASSOCIATES, P.A.  
STATE OF FLORIDA

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FILED