ETAS ID: TM599895

Electronic Version v1.1 Stylesheet Version v1.2

**SUBMISSION TYPE: NEW ASSIGNMENT NATURE OF CONVEYANCE: ENTITY CONVERSION** 

TRADEMARK ASSIGNMENT COVER SHEET

#### **CONVEYING PARTY DATA**

| Name                                  | Formerly | Execution Date | Entity Type          |
|---------------------------------------|----------|----------------|----------------------|
| Gold Coast Professional Schools, Inc. |          | 05/01/2015     | Corporation: FLORIDA |

#### **RECEIVING PARTY DATA**

| Name:           | Gold Coast Professional Schools, LLC |
|-----------------|--------------------------------------|
| Street Address: | 5600 Hiatus Road                     |
| City:           | Tamarac                              |
| State/Country:  | FLORIDA                              |
| Postal Code:    | 33321                                |
| Entity Type:    | Limited Liability Company: FLORIDA   |

#### **PROPERTY NUMBERS Total: 10**

| Property Type  | Number   | Word Mark                             |
|----------------|----------|---------------------------------------|
| Serial Number: | 74673791 | BERT RODGERS                          |
| Serial Number: | 77791149 | A FLORIDA TRADITION SINCE 1958        |
| Serial Number: | 85370197 | BR                                    |
| Serial Number: | 85370246 | BR BERT RODGERS SCHOOLS               |
| Serial Number: | 85370241 | BR BERT RODGERS SCHOOLS               |
| Serial Number: | 86561787 | EXPERIENCE, REPUTATION, RESULTS SINCE |
| Serial Number: | 86560788 | GC                                    |
| Serial Number: | 86560733 | GOLD COAST SCHOOLS                    |
| Serial Number: | 86560755 | THE PROOF IS IN THE PASSING           |
| Serial Number: | 85370262 | YOUR LICENSE TO SUCCESS               |

#### **CORRESPONDENCE DATA**

Fax Number:

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: 9547634242

aflanigan@wsh-law.com Email:

**Correspondent Name:** Anne Flanigan

Address Line 1: 200 E Broward Blvd., Suite 1900 Address Line 4: Fort Lauderdale, FLORIDA 33301

> TRADEMARK REEL: 007063 FRAME: 0507

900571668

| NAME OF SUBMITTER: | Anne Flanigan   |
|--------------------|-----------------|
| SIGNATURE:         | /Anne Flanigan/ |
| DATE SIGNED:       | 09/28/2020      |

#### **Total Attachments: 6**

source=3HJ5051-GCPS Art of Conversion-Art of Org-GCPS Inc-filed (1) (002)#page1.tif source=3HJ5051-GCPS Art of Conversion-Art of Org-GCPS Inc-filed (1) (002)#page2.tif source=3HJ5051-GCPS Art of Conversion-Art of Org-GCPS Inc-filed (1) (002)#page3.tif source=3HJ5051-GCPS Art of Conversion-Art of Org-GCPS Inc-filed (1) (002)#page4.tif source=3HJ5051-GCPS Art of Conversion-Art of Org-GCPS Inc-filed (1) (002)#page5.tif source=3HJ5051-GCPS Art of Conversion-Art of Org-GCPS Inc-filed (1) (002)#page6.tif



August 19, 2015

MORRIS LAW GROUP 7284 W PALMETTO PARK RD SUITE 101 BOCA RATON, FL 33433

Re: Document Number L15000083606

The Articles of Conversion, and Articles of Organization were filed May 5, 2015, with an organizational date deemed effective June 15, 1991, for GOLD COAST PROFESSIONAL SCHOOLS, LLC, the resulting Florida Limited Liability Company.

The certification you requested is enclosed.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to <a href="https://www.irs.gov">www.irs.gov</a>.

Should you have any further questions concerning this matter, please feel free to call (850) 245-6051, the Registration Filing Section.

Gretchen Harvey Regulatory Specialist II Supervisor Division of Corporations

Letter Number: 115A00010006



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Conversion, and Articles of Organization, filed on May 5, 2015, with an organizational date deemed effective June 15, 1991, for GOLD COAST PROFESSIONAL SCHOOLS, LLC, the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L15000083606.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Nineteenth day of August, 2015

THE STATE OF THE S

CR2EO22 (1-11)

Ken Petzner Secretary of State

REEL: 007063 FRAME: 0510

### **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 Busine GOLD COAST PROFESSION               | ess Entity" immediately prior to the filing of the Article   | es of Conversion is:                      |
|--|--|---|
|  | nter 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 incorpo                                   | orated under the laws of Florida   |   |
| on July 15, 1991 (date of organization, formation or in              | (Enter state, or it a non-U.S. entity, the   | name of the country)                      |
| 3. The name of the Florida Limite                                    | ed Liability Company as set forth in the attached Artic  | cles of Organization:                     |
| GOLD COAST PROFESSION  | AL SCHOOLS, LLC  |   |
| (Enter Nam   | e of Florida Limited Liability Company)  |   |
| (The effective date: 1) cannot be date this document is filed by the | lling, enter the effective date:  e prior to date of receipt or filed date nor more than e Florida Department of State; <u>AND</u> 2) must be the es of Organization, if an effective date is listed there | n 90 days after the same as the effective |
| 5. The plan of conversion has beer                                   | a approved in accordance with all applicable statutes.   | <b>15</b>                                 |
|  | Page 1 of 2  | MAY-S AH                                  |

| Signed this 15t day of May  | 20 <u>15</u> .   |                 |          |
|---|--|-----------------|----------|
| Signature of Authorized Representative of Limi  | •  |                 |          |
| Signature of Authorized Representative:  Printed Name: Stuart R. Morris, Esq.   | Title: Authorized Representative                               | _               |          |
| Signature(s) on behalf of Other Business Entity:  | See below for required signature(s).]                          |                 |          |
| Signature: Printed Name: James Q. Greer   | Title: President   | ~               |          |
| ~2  |  | -               |          |
| Signature:Printed Name:   |  |                 |          |
| Signature:Printed Name:   | _ Title:   | -               |          |
| Signature:Printed Name:   | Title:   | <u>-</u>        |          |
| Signature:Printed Name:   |  |                 |          |
| Signature: Printed Name:  |  |                 |          |
|   | Title:   | -               |          |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. |  |                 |          |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.   | y Partnership:   |                 |          |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.  | y Limited Partnership:   | 15 MAY<br>EERET |          |
| All others: Signature of an authorized person.  |  | 25.75           | in Table |
| Fees:   |  |                 | I nun    |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:                       | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |                 |          |

Page 2 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

| LS, LLC  |
|--|
| lity Company. "L.L.C.," or "LLC.")   |
| rincipal office of the Limited Liability Company is:   |
| Mailing Address:   |
| 5600 Hiatus Road<br>Tamarac, FL 33321  |
| d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another |
| registered agent are:  |
|  |
| 2  |
| Road, Ste 101  |
| Box NOT acceptable)  |
| . Dox 1101 acceptable)   |
|  |
| FL 33433<br>Zip  |
|  |

Page 1 of 2

(CONTINUED)

| Title:   | Name and Address:   |                |
|--|---|----------------|
| "AMBR" = Authorized Member   |   |                |
| "MGR" = Manager<br>MGR   | JAMES D. GREER  |                |
| MOIX   | 5600 Hiatus Road  |                |
|  | Tamarac, FL 33321   |                |
|  | 101111  |                |
| MGR  | JOHN L. GREER<br>5600 Hiatus Road   |                |
|  | Tamarac, FL 33321   |                |
|  | Turnarao, 1 E 0002 1  |                |
|  |   |                |
|  |   |                |
|  |   |                |
|  |   |                |
|  |   |                |
|  |   |                |
|  |   |                |
| (I las attachment if assessment)   |   |                |
| n effective date is listed, the date must  | e date of filing: (OPTIONA be specific and cannot be more than five business d  | L)<br>ays      |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)   | e date of filing: (OPTIONAl be specific and cannot be more than five business d   | L)<br>ays      |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)   | e date of filing: (OPTIONA be specific and cannot be more than five business d  | L)<br>ays<br>  |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)   | e date of filing: (OPTIONAl be specific and cannot be more than five business d   | L)<br>ays<br>— |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any.  | e date of filing: (OPTIONAl be specific and cannot be more than five business d   | L)<br>ays      |
| ICLE V: Effective date, if other than the  | e date of filing: (OPTIONAl be specific and cannot be more than five business d   | L) ays         |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  | be specific and cannot be more than five business d   | L) ays         |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal am aware that any false information sul  | r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true bmitted in a document to the Department of State   | ays            |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sulconstitutes a third degree felony as provi  | r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true bmitted in a document to the Department of State ided for in s.817.155, F.S.)  | ays            |
| PICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sul constitutes a third degree felony as provisions, Escuent R. Morris, E | r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true bmitted in a document to the Department of State ided for in s.817.155, F.S.)  | ays            |
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| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sulconstitutes a third degree felony as provice of Stuart R. Morris, Escarge Type  Filing Fees:  | r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true bmitted in a document to the Department of State ided for in s.817.155, F.S.)  | ays            |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sulconstitutes a third degree felony as provice of Stuart R. Morris, Escape Type  Filing Fees: \$125.00 Filing Fee for Articles of   | r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true bmitted in a document to the Department of State ided for in s.817.155, F.S.)  | ays            |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the penal I am aware that any false information sulconstitutes a third degree felony as provice of Stuart R. Morris, Escarge Type  Filing Fees:  | r or an authorized representative of a member.  (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true bmitted in a document to the Department of State ided for in s.817.155, F.S.)  (c), Authorized Representative of Organization and Designation | ays            |

Page 2 of 2

· The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

**RECORDED: 09/28/2020**