T08293

| Holland & Knig | tht ILP | |
|-------------------------|--------------------------------------|--|
| Requ | estor's Name | |
| 315 S. Calhour | st. | |
| | Address | 4000030505644 |
| Tallahassee R | 1. 32301 425-5686 | -11/22/9901019003 |
| . City/State/Zi | p Phone # | ****150.00 ***** <u>\$50.0</u> 0 |
| · | | Office Use Only |
| CORPORATION N. | AME(S) & DOCUMENT NUM | (BER(S), (if known): |
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| 51, 117. | . Ο Δ | |
| Corpora | ution Name) (Do | cument #) |
| 2. | | |
| (Corpora | tion Name) (Do | cument #) |
| 3. | | · |
| (Corpora | tion Name) (Do | cument #) |
| 4 | | |
| (Corpora | tion Name) (Do | cument #) |
| | | |
| Walk in | Pick up time 25,00 | Certified Copy |
| Mail out | Will wait Photocopy | Certificate of Status |
| | | |
| - SOMBLE WEN | - AVIONIDADORS | Mag a K |
| Profit | Amendment | Certified Copy UEPAN 18 AM 10: 54 Certificate of Status Componentials Componen |
| NonProfit | Resignation of R.A., Officer/ Direct | 10 A ST 1 |
| Limited Liability | Change of Registered Agent | |
| Domestication | Dissolution/Withdrawal | |
| Jam Other | Merger | MUSEC 999 |
| vailability | | |
| OTHER FILINGS | REGISTURATION | \$\$\frac{1}{22}\$\f |
| Kam rannual Report DCC | QUALIFICATION | ED P |
| Oda Fictitious Name DOC | Foreign | P TAY Some |
| Name Reservation | Limited Partnership | FILL 5099 5 |
| niver noe | Reinstatement | R. ATTOM FEE |
| no in sment DCC | Trademark | T |
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| 500 | | DEFINA |
| Bages | | Examiner's Initials |
| 2E031(1:95) | T08203 | |

A CONTRACTOR OF THE PARTY OF TH

ASSIGNMENT OF MARK REGISTRATION

| 1. The mark to be assigned is: Stylized A |
|--|
| Registration Number: T08293 |
| 2. ASSIGNOR: Name: BankBoston, N.A. |
| If Assignor is a corporation, the state in which incorporated & FL registration Number: |
| Address: 100 Federal Street |
| City: Boston State/Zip: Massachusetts 02110 |
| 3. ASSIGNEE: Name: Aurafin LLC |
| If Assignee is a corporation, the state in which incorporated & FL registration number: \(\sum_{QQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQ |
| Address: 6701 Nob Hill Road |
| City: Tamarac State/Zip: Florida 33321 |
| 4. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of the mark) is hereby assigned by to |
| |
| (the Assignor) |
| (the Assignor) Aurafin LLC |
| (the Assignor) Aurafin LLC (the Assignee) |
| (the Assignor) Aurafin LLC (the Assignee) Michael & Amid Lewer L. Hansen |
| (the Assignor) Aurafin LLC (the Assignee) |
| Aurafin LLC (the Assignee) Michael E. Smith By Michael E. Smith By Steven L. Hansen |
| Aurafin LLC (the Assignee) Michael E. Smith (Assigner's Signature) By Michael E. Smith (Typed or Printed Name of Person (the Assignor) (the Assignor) Steven L. Hansen (Typed or Printed Name of Person |
| Aurafin LLC (the Assignee) Michael E. Smith (Assignor's Signature) By Michael E. Smith By Steven L. Hansen |
| Aurafin LLC (the Assignee) Michael E. Smith (Assigner's Signature) By Michael E. Smith (Typed or Printed Name of Person Signing Above) On this 15t day of October, 1999. |
| Aurafin LLC (the Assignee) Michael E. Smith (Assigner's Signature) By Michael E. Smith (Typed or Printed Name of Person Signing Above) (the Assignor) Aurafin LLC (the Assignor) Steven L. Hansen (Typed or Printed Name of Person Signing Above) |
| Aurafin LLC (the Assignee) Michael E. Smith (Assigner's Signature) By Michael E. Smith (Typed or Printed Name of Person Signing Above) On this 15t day of October, 1999. |
| Aurafin LLC (the Assignee) Michael E. Smith (Assigner's Signature) By Michael E. Smith (Typed or Printed Name of Person Signing Above) On this 1st day of October, 1999, personally appeared before me, Steven L. Hansen Who is personally known to me whose identity I proved on the basis of (Notary Seal ELIZABETH M. SANDIAGO Characters) (the Assignor) (Assigner's Signature) By Steven L. Hansen (Typed or Printed Name of Person Signing Above) Whose identity I proved on the basis of (Notary Seal ELIZABETH M. SANDIAGO Characters) |
| Aurafin LLC (the Assignee) Michael E. Smith (Assignee's Signature) By Michael E. Smith (Typed or Printed Name of Person Signing Above) On this 1st day of October, 1999, personally appeared before me, Steven L. Hansen Who is personally known to me whose identity I proved on the basis of (Notary Sea ELIZABETH M. SANTIAGO Lin all the Manual Signature) (Typed or Printed Name of Person Signing Above) Signing Above) My COMMISSION # CC 680442 EXPIRES: Segrential M. SANTIAGO NY COMMISSION # CC 680442 EXPIRES: Signature 15, 2001 Bonded Thu Notary Public Monorarity Public Monora |
| Aurafin LLC (the Assignee) Michael E. Smith (Assignee's Signature) By Michael E. Smith (Typed or Printed Name of Person Signing Above) On this 15th day of October, 1999, personally appeared before me, Steven L. Hansen Who is personally known to me whose identity I proved on the basis of (Notary Sea ELIZABETH M. SANTIAGO Cliptual Land Land Land Land Land Land Land Land |

FILING FEE: \$50 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section at (850) 487-6051.

NOTARIAL CERTIFICATE

| STATE OF MASSACHUSETTS) | SS: | |
|--|---|--|
| COUNTY OF) | 50. | |
| THE FOREGOING was ack October 1999 by Micha to me or who produced identification and did not take an or | nowledged before me, this <u>th</u> day of <u>the E. Smith</u> , who is personally known as | |
| identification and did not take an or | Camen Rosal Bures | |
| | Name: | |
| | Notary Public, State of Massachusetts | |
| | (SEAL) | |
| My Commission Expires: //- ১৫ - | Carmen Rosado-Barres Notary Public | |

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