

11/07/2011



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To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

The Perfect Link, Inc.

Additional name(s) of conveying party(ies) attached?  Yes  No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) November 19, 2007

- Assignment  Merger
- Security Agreement  Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other: Conversion of owner corp. to an LLC

2. Name and address of receiving party(ies)

Name: The Perfect Link, LLC

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

Street Address: 40 South Orchard Street

City: Ormond Beach

State: Florida

Country: United States Zip: 32174

Additional name(s) & address(es) attached?  Yes  No

4. Application or patent number(s):

This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

7,160,199 and 6,939,243

Additional numbers attached?  Yes  No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Lawson C. Mitchell

Internal Address: PO Box 4127

Street Address: 40 South Orchard Street

City: Ormond Beach

State: Florida Zip: 32174

Phone Number: 386-334-1547

Fax Number: 386-675-5397

Email Address: lcmpro@aol.com

6. Total number of applications and patents involved: Two

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 80.<sup>00</sup>

- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

8. Payment Information

Deposit Account Number \_\_\_\_\_

Authorized User Name 11/07/2011 TIMBERL 00000001 7160199

01 FC:0021

88.00 OP

9. Signature:

Signature

November 1, 2011

Date

Lawson C. Mitchell  
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 6

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 322923 7501230

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 150.00

FILED  
07 NOV 19 PM 4:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ORDER DATE : November 16, 2007

ORDER TIME : 4:10 PM

ORDER NO. : 322923-005

CUSTOMER NO: 7501230

CONVERSION INTO AN LLC

NAME: THE PERFECT LINK, INC.  
INTO: THE PERFECT LINK, LLC

XX CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: \_\_\_\_\_

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

**FILED**  
07 NOV 19 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  
The Perfect Link, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

PO0000114417

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 December 14, 2000  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

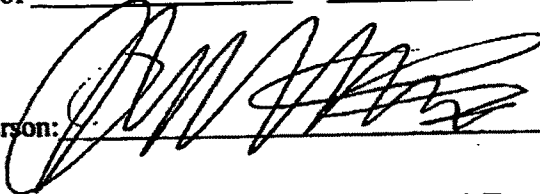
The Perfect Link, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 16th day of November 20 07.

Signature of Authorized Person: \_\_\_\_\_



Printed Name: Random R. Burnett Title: Authorized Person

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Perfect Link, LLC

(Must end with 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:**

1801 West International Speedway Blvd.  
Daytona Beach, FL 32114-1243

**Mailing Address:**

P.O. Box 9535  
Daytona Beach, FL 32120-9535

**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:

Random R. Burnett

Name

1825 Business Park Bl. Ste.A

Florida street address (P.O. Box **NOT** acceptable)

Daytona Beach FL 32114

City, State, and 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 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
07 NOV 19 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

James C. France  
P.O. Box 9535  
Daytona Beach, FL 32120-9535

MGR \_\_\_\_\_

Lawson C. Mitchell  
P.O. Box 4127  
Ormond Beach, FL 32175

\_\_\_\_\_

\_\_\_\_\_

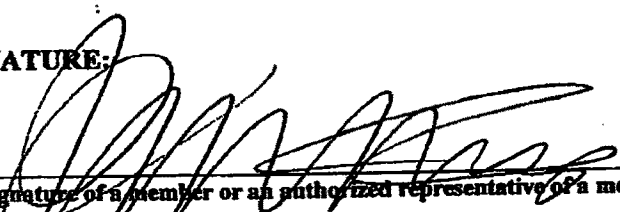
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Random R. Burnett, Authorized Person**

\_\_\_\_\_  
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)