

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5483770

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME	
<b>CONVEYING PARTY DATA</b>		
	<b>Name</b>	<b>Execution Date</b>
	CINCINNATI SUB-ZERO PRODUCTS, INC.	03/28/2016
<b>RECEIVING PARTY DATA</b>		
<b>Name:</b>	CINCINNATI SUB-ZERO PRODUCTS, LLC	
<b>Street Address:</b>	12011 MOSTELLER ROAD	
<b>City:</b>	CINCINNATI	
<b>State/Country:</b>	OHIO	
<b>Postal Code:</b>	45241	
<b>PROPERTY NUMBERS Total: 5</b>		
<b>Property Type</b>	<b>Number</b>	
<b>Patent Number:</b>	6374621	
<b>Patent Number:</b>	6422083	
<b>Patent Number:</b>	6502464	
<b>Patent Number:</b>	7299698	
<b>Patent Number:</b>	7363818	
<b>CORRESPONDENCE DATA</b>		
<b>Fax Number:</b>	(616)975-5505	
<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>	616-975-5500	
<b>Email:</b>	visser@gardner-linn.com	
<b>Correspondent Name:</b>	FREDRICK S. BURKHART	
<b>Address Line 1:</b>	2900 CHARLEVOIX DRIVE SE, SUITE 300	
<b>Address Line 4:</b>	GRAND RAPIDS, MICHIGAN 49546	
<b>ATTORNEY DOCKET NUMBER:</b>	ENV02-A109	
<b>NAME OF SUBMITTER:</b>	FREDERICK S BURKHART	
<b>SIGNATURE:</b>	/Frederick S. Burkhardt/	
<b>DATE SIGNED:</b>	04/19/2019	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
<b>Total Attachments: 10</b>		

source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page1.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page2.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page3.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page4.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page5.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page6.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page7.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page8.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page9.tif  
source=1-Entity Conversion paperwork-CSZ, Inc to CSZ, LLC#page10.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/28/2016	201608801382	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

MARC W. RUBIN  
250 EAST FIFTH STREET  
CINCINNATI, OH 45202

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**  
**180249**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**CINCINNATI SUB-ZERO PRODUCTS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**Conversion Within SOS Records**

Effective Date: 03/28/2016

Document No(s):

**201608801382**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
28th day of March, A.D. 2016.

*Jon Husted*  
Ohio Secretary of State



Form 700 Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[bussserv@OhioSecretaryofState.gov](mailto:bussserv@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)

P.O. Box 1390  
Columbus, OH 43218

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

**Filing Fee: \$99**  
**Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

(1) ☒ Converting Within The Records of the Ohio  
Secretary of State

(2) ☐ Converting Off The Records of the Ohio  
Secretary of State

(187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is at:  
(Check Only (1) One Box)

- ☒ Domestic Corporation (For-Profit or Nonprofit)  
☐ Foreign Corporation (For-Profit or Nonprofit)  
☐ Domestic Nonprofit Limited Liability Company  
☐ Foreign Nonprofit Limited Liability Company  
☐ Domestic For-Profit Limited Liability Company  
☐ Foreign For-Profit Limited Liability Company

- ☐ Partnership  
☐ Domestic Limited Partnership  
☐ Foreign Limited Partnership  
☐ Domestic Limited Liability Partnership  
☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

RECEIVED  
2016 JUN 23 PM 1:52  
CLIENT SERVICE

Name of the converted entity Jurisdiction of Formation The converted entity is a:  
(Check Only (1) One Box)

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic Corporation (For-Profit)                        | <input type="checkbox"/> Partnership                            |
| <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)            | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company             | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company              | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company             |   |

Effective Date  
(Optional) 

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City

State

Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

State

Zip Code


**See instructions for additional filing requirements if**

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

**Required**

Must be signed by an authorized representative.

  
Signature

By (if applicable)

Steven Berke  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

Cincinnati Sub-Zero Products, Inc.

Name of Corporation


The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215  *Only required for domestic for-profit corporations	<b>Date Notified</b> <div>3/28/2016</div>	<b>Agency</b> Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	<b>Date Notified</b> <div>3/28/2016</div>  Regular: P.O. Box 182413 Columbus, OH 43218-2413
<b>Agency</b> Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]	<b>Date Notified</b> <div></div>	The corporation is not required to pay or the <input checked="" type="checkbox"/> department of taxation has not assessed any personal property tax.	

\*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature



Title

President

Steven J. Berke

Name

12011 Mosteller Road

Mailing Address

Cincinnati

City

Ohio

State

45241

Zip Code

Sworn to and subscribed in my presence on

3/27/2016

Date

Seal



MARC W. RUBIN

Notary Public  
State of OhioMy Commission Expires 12/31/2016  
Section 147.03 B.R.C.Commission  
Expires

Does not expire

Date

## AFFIDAVIT OF PERSONAL PROPERTY

State of County of 

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Section  of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

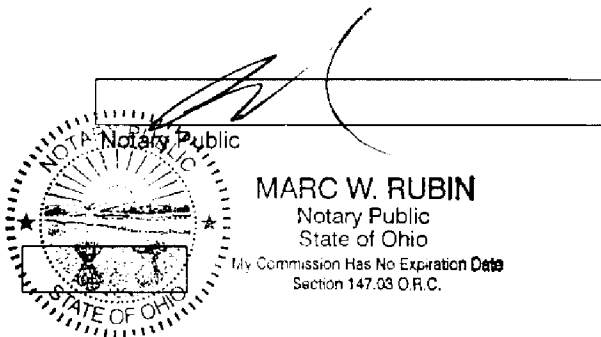
- ☐ Has no personal property in any county in Ohio
- ☐ Is the type required to pay personal property taxes to state authorities only
- ☒ Has personal property in the following county (ies)

Signature: Title: Sworn to and subscribed in my presence on Date 

Seal

Expiration date of Notary Public's Commission

Date







**Department of  
Taxation**

Taxpayer Services Division  
P.O. Box 182382  
Columbus, Ohio 43218-2382  
Phone: 888-405-4039  
TTY/TDD: 800-750-0750  
<http://tax.ohio.gov>

Date: March 25, 2016

CINCINNATI SUB ZERO PRODUCTS INC  
MARC W RUBIN  
250 EAST FIFTH ST #2350  
CINCINNATI, OH 45202  
USA

Re: Certificate of Tax Clearance

This certificate certifies that the below stated entity has filed all tax returns and paid in full all taxes and fees administered by the tax commissioner through the certificate issue date.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and tax liabilities that become due after the certificate issue date or as a result of an examination or audit for any period ending prior to the date of dissolution with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for 30 days from the date of issuance as indicated below.

CINCINNATI SUB ZERO PRODUCTS INC  
Charter: 180249

Certificate issue date: March 25, 2016

A handwritten signature in black ink, appearing to read "Joseph W. Testa".

Joseph W. Testa  
Tax Commissioner

Note: This certificate must be filed along with all forms prescribed by the Ohio Secretary of State. For filing information, visit Ohio Secretary of State's web site at *OhioSecretaryofState.gov*.





Form 533A Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 486-3910

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216

Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)

P.O. Box 1390  
Columbus, OH 43216

## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$99**  
**Form Must Be Typed**

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic  
For-Profit Limited Liability Company  
(115-LCA)

(2) ☐ Articles of Organization for Domestic  
Nonprofit Limited Liability Company  
(115-LCA)

Name of Limited Liability Company Cincinnati Sub-Zero Products, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd."

Effective Date 03/11/2016  
(Optional) mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing  
of the articles or on a later date specified that is not more than ninety days  
after filing)

This limited liability company shall exist for                       
(Optional) Period of Existence

Purpose  
(Optional)


**\*\*Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

**ORIGINAL APPOINTMENT OF AGENT**

The undersigned authorized member(s), manager(s) or representative(s) of

Cincinnati Sub-Zero Products, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Marc W. Rubin

Name of Agent

250 East Fifth Street #2350

Mailing Address

Cincinnati

City

Ohio

State

45202

ZIP Code

**ACCEPTANCE OF APPOINTMENT**

The undersigned, Marc W. Rubin named herein as the statutory agent

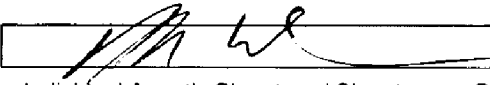
Statutory Agent Name

for Cincinnati Sub-Zero Products, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

  
Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

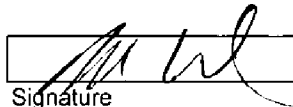
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

  
Signature

By (if applicable)

Marc W. Rubin  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name