11/30/2020 506375721

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6422477

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CONVERSION FROM ILLINOIS ENTITY TO FLORIDA ENTITY

CONVEYING PARTY DATA

Name	Execution Date
CURV BRANDS, LLC	09/15/2020

RECEIVING PARTY DATA

Name:	CURV BRANDS, LLC
Street Address:	801 S MIAMI AVE #3910
City:	MIAMI
State/Country:	FLORIDA
Postal Code:	33130

PROPERTY NUMBERS Total: 15

Property Type	Number
Patent Number:	D705533
Patent Number:	D754427
Patent Number:	D754428
Patent Number:	D756629
Patent Number:	D756630
Patent Number:	D807133
Patent Number:	D817159
Patent Number:	D821091
Patent Number:	D860638
Application Number:	29656572
Application Number:	29719217
Application Number:	29731509
Application Number:	16855402
Application Number:	29733884
Application Number:	16868790

CORRESPONDENCE DATA

506375721

Fax Number: (847)873-1116

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: 8478731116

Email: Maxwell.Petersen@fisherbroyles.com

Correspondent Name: MAXWELL J PETERSEN

Address Line 1: FISHERBROYLES, 203 S EVERGREEN AVE Address Line 4: ARLINGTON HEIGHTS, ILLINOIS 60005

ATTORNEY DOCKET NUMBER:	13430.000001
NAME OF SUBMITTER:	MAXWELL J. PETERSEN
SIGNATURE:	/Maxwell J. Petersen/
DATE SIGNED:	11/30/2020

Total Attachments: 6

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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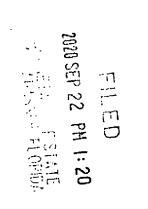
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T. SCOTT



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COVER LETTER

TO: New Filing Sect Division of Cor				
SUBJECT: Curv Brand	is, LLC			
3003ECT.	(Name of Res	llting Florid	a Limited Co	ompany)
				and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corresp	oondence concerning	this matte	er to:	
Tammy Hayden				
	(Contact Person)			
Waltz, Palmer & Dawson	, LLC			
	(Firm/Company)			
3030 Salt Creek Lane, S	uite 121			
	(Address)			
Arlington Heights, IL 600	05			
(Cit	y, State and Zip Code)	*****		
thayden@wpdlegal.com				
E-mail Address: (to be t	ised for future annual rej	ort notificat	ions)	
For further information	concerning this mat	ter. please	call:	
Tammy Hayden		at (847	577	7-1192
(Name of Contact	Person)	(Area	Code) (D	7-1192 aytime Telephone Number)
Enclosed is a check for dollars and drawn on a				essed by this office must be payable in US
(\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 and Certifi) Filing Fees ied Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations		New Divi The	et Address: v Filing Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810

INHS11 (7/17)

Tallahassee, FL 32303

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 Business Entity" immediately prior to the filing of the Articles of Conversion is: Curv Brands, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
February 13, 2016 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Curv Brands, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to nay any members having appraisal rights the amount to

 The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

SEP 22 PH 1: 20
PATENT
REEL: 054675 FRAME: 0216

Signed this 15th day of September	20_20
Signature of Authorized Representative of Lim	ited Liability Company:
Mary Mary	7
Signature of Authorized Representative: Michael Tunney	urp
Printed Name: Michael Tunney	Litte: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Monday Printed Name: Michael Tunney	
Printed Name: Michael Tunney	Title: Manager
Time a rame.	Title: Menege
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	1 itle:
D*	
Signature:Printed Name:	Title
rrinted Name:	ruc.
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Ir	
<u>If Florida General Partnership or Limited Liabil</u>	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of ALL General Partners.	
A II oshowa	
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
certificate of status.	Solo (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nat The name of the L	me: imited Liability Compar	ny is:	
Curv Brands, LLC	ust contain the words "Limited I	.iability Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Ac		the principal office of the Limited Liability C	Company is:
Principal Office A	Address:	Mailing Address:	
801 S Miami Ave #3 Miami, FL 33130	3910	801 S Miami Ave #3910 Miami, FL 33130	
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of CT Corporation System	tered Office, & Registered Agent's Signat Registered Agent. You must designate an individual or and the registered agent are:	ure: other
	1200 South Pine Island		
		(P.O. Box NOT acceptable)	
	Plantation	FL ³³³²⁴ Zip	
	City	Zip	
liability comp registered agent statutes relatin	oany at the place designa and agree to act in this o g to the proper and comp	and to accept service of process for the above sted in this certificate. I hereby accept the appo capacity. I further agree to comply with the pi plete performance of my duties, and I am fami as registered agent as provided for in Chapte	ointment as rovisions of all liar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Rose Song, Assistant Secretary

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Michael Tunney
MGK	801 S Miami Ave #3910
	Miami, FL 33130
	Miami, FL 33130
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any,	
LE V: Other provisions, if any.	01
LE V: Other provisions, if any.	M2.
LE V: Other provisions, if any.	Mars.
LE V: Other provisions, if any, REQUIRED SIGNATURE:	an authorized representative of a member
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fel-
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Michael Tunney	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felometer of ped or printed name of signee

ARTICLE IV-

RECORDED: 11/30/2020