## 506514651 02/19/2021

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6561426

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

#### **CONVEYING PARTY DATA**

Name	Execution Date
SUSTAINSPRINKLE INC.	06/14/2016

### **RECEIVING PARTY DATA**

Name:	SUSTAINSPRINKLE LLC
Street Address:	1901 WEST SAMPLE ROAD
City:	CORAL SPRINGS
State/Country:	FLORIDA
Postal Code:	33065

### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Patent Number:	10101753

### **CORRESPONDENCE DATA**

**Fax Number:** (754)300-1501

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:** 7543001500

Email: Prosecution@conceptlaw.com

Correspondent Name: SCOTT M. GARRETT

Address Line 1: 6400 NORTH ANDREWS AVENUE

Address Line 2: SUITE 500

Address Line 4: FORT LAUDERDALE, FLORIDA 33309

ATTORNEY DOCKET NUMBER:	LEV2013001CIP1
NAME OF SUBMITTER:	SCOTT M. GARRETT
SIGNATURE:	/SCOTT M. GARRETT/
DATE SIGNED:	02/19/2021

### **Total Attachments: 6**

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> PATENT REEL: 055344 FRAME: 0855

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## **COVER LETTER**

TO: Registration Division of C						
SUBJECT: SUSTAI	NSPRINKLE LLC					
50B0EC1		of Resulting Florida	Limite	d Company)	_	
				d fees are submitted to coordance with s. 605.1		ther
Please return all cor	espondence concerning	g this matter to:				
KRISHAN K GARG						
	(Contact Person)					
GARG AND ASSOCIA	TES, INC.					
	(Firm/Company)					
8551 WEST SUNRISE	BLVD, SUITE 101A					
	(Address)					
PLANTATION, FL 333	22					
	City, State and Zip Code)					
KRISHAN@GARGCP.						
E-mail Address: (to	oe used for future annual re	port notifications)				
For further informat	ion concerning this ma	tter, please call:				
KRISHAN K GARG		at ( 954	636-6	5424 vtime Telephone Number)		
(Name of Cont	act Person)	(Area Code)	(Day	rtime Telephone Number)	_	
Enclosed is a check	for the following amou	int:			<del></del>	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	6 JUN 14 F SECRETARY ALLAHASSE	
STREET ADDRES				ADDRESS:		7 14 14 14 14 14 14 14 14 14 14 14 14 14
Registration Section		_		Section	208 V(S) V(S)	ار ار ار ۱۹۳۳ می
Division of Corpora Clifton Building	nons	Divisio P. O. B		Corporations	ORIDA ORIDA	
2661 Executive Cen	ter Circle			FL 32314	re**	
Tallahassee, FL 323	301		,			

INHS11 (06/15)

# **Articles of Conversion**

For

## "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 SUSTAINSPRINKLE INC. PHO00338	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited partr general partnership, common law or business trust,	
First organized, formed or incorporated under the laws of OHIOS. enter state, or if a non-U.S. enter state of OHIOS. (Enter state, or if a non-U.S. enter state).	ity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached SUSTAINSPRINKLE INC.	d Articles of Organization:
(Enter Name of Florida Limited Liability Company)	·
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more date this document is filed by the Florida Department of State; AND 2) must date listed in the attached Articles of Organization, if an effective date is liste Note: If the date inserted in this block does not meet the applicable statutory filing requirements,	re than 90 days after the be the same as the effective d therein.)
document's effective date on the Department of State's records.	his date will not be listed as the

Signature of Authorized Representative of Limited Liability Company:  Signature of Authorized Representative:  Printed Name: VARUNA AGRAWAL  Signature(s) on behalf of Other Business Entity:  Frinted Name: ARUNA AGRAWAL  Title: MEMBER  Signature:  Printed Name: Title:  Signature:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership:  Signature of one General Partnership or Limited Liability Limited Partnership:	
Printed Name: VARUNA AGRAWAL  Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature: Printed Name: ARUNA AGRAWAL  Signature: Title: MEMBER  Signature: Title: Signature: Signature: Title: Signature: Signature: Title: Signature: Signature of Officer Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	
Printed Name: VARUNA AGRAWAL  Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature: Printed Name: ARUNA AGRAWAL  Signature: Title: MEMBER  Signature: Title: Signature: Signature: Title: Signature: Signature: Title: Signature: Signature of Officer Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	
Signature: Printed Name: ARUNA AGRAWAL  Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	
Signature: Printed Name: ARUNA AGRAWAL  Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	
Signature: Printed Name: Signature: Printed Name: Title:	
Signature: Printed Name: Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	
Printed Name: Title:  Signature: Title:	
Signature: Printed Name: Signature: Printed Name: Title:  Signature: Printed Name: Title:  Signature: Printed Name: Title:  Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	
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If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	
Signature of one General Partner.	
	Cartilles
If Klarida Limited Partnership or Limited Liability Limited Partnership	essenti Destabli
Signatures of ALL General Partners.	
က္"က —— ကြေးက တာ	A Partie
All others: Signature of an authorized person.	%t <sup>12</sup> 433
<u>Fees:</u>	
Articles of Conversion: \$25.00	
Fees for Florida Articles of Organization: \$125.00	
Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SUSTAINSPRINKLE LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	he principal office of the Limited Liab	oility Company is
Principal Office Address:	Mailing Address:	
11788 W SAMPLE ROAD, #103	11788 W SAMPLE ROAD, #103	
CORAL SPRINGS, FL 33076	CORAL SPRINGS, FL 33076	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own	tered Office, & Registered Agent's S	
ARTICLE III - Registered Agent, Regis	tered Office, & Registered Agent's S Registered Agent. You must designate an individu	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's S Registered Agent. You must designate an individu	ial or another
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of  KRISHAN K GARG	tered Office, & Registered Agent's S Registered Agent. You must designate an individu	TASE CREATE AND
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of  KRISHAN K GARG	tered Office, & Registered Agent's S Registered Agent. You must designate an individu  the registered agent are:  Name	SECRETARY
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of  KRISHAN K GARG  8551 WEST SUNRISE BI	tered Office, & Registered Agent's S Registered Agent. You must designate an individu  The registered agent are:  Name  LVD, SUITE 101A  (P.O. Box NOT acceptable)	SECRETARY OF STANLAHASSEE FL
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of  KRISHAN K GARG  8551 WEST SUNRISE BI	tered Office, & Registered Agent's S Registered Agent. You must designate an individu  The registered agent are:  Name  LVD, SUITE 101A  (P.O. Box NOT acceptable)	TALLAHASSES

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	VARUNA AGRAWAL
<del></del>	11788 WEST SAMPEL ROAD #103
	CORAL SPRINGS, FL 33065
	- · · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)  CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	st be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
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**RECORDED: 02/19/2021**