

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT7176360

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION	
<b>CONVEYING PARTY DATA</b>		
	<b>Name</b>	<b>Execution Date</b>
	VAXCARE CORPORATION	10/30/2020
<b>RECEIVING PARTY DATA</b>		
<b>Name:</b>	VAXCARE, LLC	
<b>Street Address:</b>	3113 LAWTON ROAD	
<b>Internal Address:</b>	SUITE 250	
<b>City:</b>	ORLANDO	
<b>State/Country:</b>	FLORIDA	
<b>Postal Code:</b>	32803	
<b>PROPERTY NUMBERS Total: 1</b>		
	<b>Property Type</b>	<b>Number</b>
	Patent Number:	D738758
<b>CORRESPONDENCE DATA</b>		
<b>Fax Number:</b>	(803)255-9831	
<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>	704-417-3127	
<b>Email:</b>	ip@nelsonmullins.com	
<b>Correspondent Name:</b>	NELSON MULLINS RILEY & SCARBOROUGH LLP	
<b>Address Line 1:</b>	301 SOUTH COLLEGE STREET	
<b>Address Line 2:</b>	SUITE 2300, IP DEPARTMENT	
<b>Address Line 4:</b>	CHARLOTTE, NORTH CAROLINA 28202	
<b>NAME OF SUBMITTER:</b>	CRAIG N. KILLEN	
<b>SIGNATURE:</b>	/Craig N. Killen/	
<b>DATE SIGNED:</b>	02/15/2022	
<b>Total Attachments: 6</b>		
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SECRETARY OF STATE  
TALLAHASSEE, FL

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:  
VaxCare Corporation

(Enter Name of Other Business Entity)

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

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 02/22/2006  
(date of organization, formation or incorporation)

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

VaxCare, 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.)

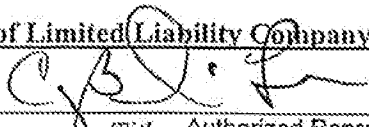
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to 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.

Signed this 30th day of October 2020


**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: 

Printed Name: Casey DeLoach

Title: Authorized Representative

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: 

Printed Name: Casey DeLoach

Title: CEO

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

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)

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION  
OF  
VAXCARE, LLC

The undersigned, acting as the organizer and authorized representative of VAXCARE, LLC, under the Florida Revised Limited Liability Company Act, Chapter 605, Fla. Stat., adopts the following Articles of Organization:

ARTICLE I – Name:

The name of the limited liability company is: VaxCare, LLC (the “Company”).

ARTICLE II – Address:

The mailing address and street address of the principal office of the limited liability company is: 3113 Lawton Road, Suite 250, Orlando, FL 32803.

ARTICLE III – Duration:

The period of duration for the Company shall be perpetual, unless dissolved in accordance with the terms of the operating agreement of the Company in effect from time to time (the “Operating Agreement”).

ARTICLE IV – Management:

The Company is to be managed by managers. The managers shall be elected in the manner prescribed by the Operating Agreement.

ARTICLE V – Admission of Members:

The Company shall admit members only in the manner prescribed by the Operating Agreement.

ARTICLE VI – Adoption of Operating Agreement:

The Company shall adopt an Operating Agreement, which may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with these Articles of Organization or Chapter 605, Fla. Stat.

ARTICLE VII – Initial Registered Agent and Office:

The initial registered agent for the Company is: Your Capital Connection, Inc., and the street address of the Company’s initial registered office is: 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VIII – Amendments:**

The Company reserves the right to amend any provision of these Articles of Organization, which amendment shall only be effectuated in the manner prescribed by the Operating Agreement.

#### **ARTICLE IX – Indemnification:**

Each individual or entity who is or was a member or manager of the Company (and the heirs, executor, personal representatives, administrators, successors, and assigns of such individual or entity) who was, or is, made a party to, or is involved in any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that such person is or was a member or manager of the Company (each, an "Indemnatee"), shall be indemnified and held harmless by the Company to the fullest extent permitted by applicable law, as the same exists or may hereafter be amended. In addition to the indemnification conferred in this Article, each Indemnatee shall also be entitled to have paid directly by the Company the expenses reasonably incurred in defending any such proceeding against such Indemnatee in advance of its final disposition, to the fullest extent authorized by applicable law, as the same exists or may hereafter be amended. The rights and authority conferred in this Article shall not be exclusive of any other right which any person may have or hereafter acquire under any statute, or under any provision of these Articles of Organization, the Operating Agreement, or any other agreement, vote of members, or otherwise. Any repeal or amendment of this Article shall not adversely affect any right or protection of a member, manager, or officer existing at the time of such repeal or amendment.

#### **ARTICLE X – Continuation of Business:**

Unless dissolved in accordance with the Operating Agreement, the remaining members shall continue the business of the Company, which shall not be dissolved, upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member.

*[Remainder of Page Intentionally Blank. Signature Page Follows.]*

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization to be effective on the date of their filing with the Florida Secretary of State.

By: 

Casey DeLoach, its Authorized Representative

SIGNATURE PAGE TO ARTICLES OF ORGANIZATION

PATENT  
REEL: 059110 FRAME: 0690

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

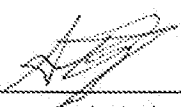
PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY IDENTIFIED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: VaxCare, LLC.
2. The name and address of the registered agent and office is:

Your Capital Connection, Inc.  
417 E. Virginia St.  
Suite 1  
Tallahassee, FL 32301

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.

YOUR CAPITAL CONNECTION, INC.

By:   
Print Name: Seth Neeley  
Title: Authorized Representative of Your Capital Connection, Inc.

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