

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT8099755

<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>
WAREOLOGIE LLC	07/07/2023
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	WAREOLOGIE, INC.
<b>Street Address:</b>	21603 BEAUFORD LANE
<b>City:</b>	NORTHVILLE
<b>State/Country:</b>	MICHIGAN
<b>Postal Code:</b>	48167
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	17865063
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
<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>	650-380-6913
<b>Email:</b>	reporting@aurorapatents.com
<b>Correspondent Name:</b>	AURORA CONSULTING LLC
<b>Address Line 1:</b>	810 COTTAGEVIEW DRIVE, STE. G10
<b>Address Line 4:</b>	TRAVERSE CITY, MICHIGAN 49684
<b>ATTORNEY DOCKET NUMBER:</b>	0100-701.200
<b>NAME OF SUBMITTER:</b>	ASHLEY SLOAT
<b>SIGNATURE:</b>	/Ashley Sloat/
<b>DATE SIGNED:</b>	08/07/2023
<b>Total Attachments: 11</b>	
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CSC/LCD-754 (Rev. 07/19)

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received  
JUL 10 2023

**AC1** (FOR BUREAU USE ONLY)  
\$125 MC CEPAS 23071090999648

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

**FILED**

**JUL 10 2023**

**ADMINISTRATOR  
CORPORATIONS DIVISION**

Name  
MATTHEW W. BOWER, VARNUM LLP  
Address  
101 NORTH MAIN STREET, SUITE 525  
City State ZIP Code  
ANN ARBOR, MI 48104

EFFECTIVE DATE:

Expiration date for new assumed names: December 31,

Expiration date for transferred assumed names appear on page 2.

Document will be returned to the name and address you enter above. If left blank, document will be returned to the registered office.

**CERTIFICATE OF CONVERSION**

**For use by a Limited Liability Company Converting into a Business Organization**

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporation) and Act 23, Public Acts of 1993 (limited liability companies), the undersigned limited liability company executes the following Certificate of Conversion.

**1. Before Conversion**

Entity Name: WAREOLOGIE LLC		Entity ID: 802322368
Indicate (X) Entity Type	<input checked="" type="checkbox"/>	Domestic Limited Liability Company
	Street Address, if different than the one provided in Item 3:	
	<input type="checkbox"/>	Foreign Limited Liability Company

**2. After Conversion**

Entity Name: WAREOLOGIE, INC.		
Indicate (X) Entity Type	<input type="checkbox"/>	Domestic Profit Corporation
	<input type="checkbox"/>	Domestic Nonprofit Corporation
	<input checked="" type="checkbox"/>	Foreign Profit Corporation
	<input type="checkbox"/>	Foreign Nonprofit Corporation
	<input type="checkbox"/>	Domestic Limited Liability Company
	<input type="checkbox"/>	Foreign Limited Liability Company

If the converting limited liability company is a domestic limited liability company that has not commenced business, has not issued any membership interests; has no debts or other liabilities, and has not received or returned any payments for its membership interests, proceed to Item 4.

If the converting limited liability company is a domestic limited liability company that has commenced business or a foreign limited liability company, proceed to Item 3.

**PATENT**

**REEL: 064511 FRAME: 0035**



**3. Surviving Business Organization (After Conversion Entity)**

Governing Statute: Section 265 of the Delaware General Corporation Law
Street Address: 21415 Civic Center Dr., Building #18, Southfield, Michigan 48076
Principal Place of Business: 21415 Civic Center Dr., Building #18, Southfield, Michigan 48076

**4. (Complete only if a later effective date is desired other than the date of filing. The date must be no more than 90 days after the receipt of this document by the administrator.)**

The conversion is effective on the _____ day of _____, _____.
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The plan of conversion will be furnished by the surviving business organization, on request and without cost, to any member of the converting limited liability company.

The conversion is permitted by the law that will govern the internal affairs of the business organization after conversion and the surviving business organization complies with that law in converting.

**5. The assumed names being transferred to continue for the remaining effective period of the Certificate of Assumed Name on file prior to the conversion are:**

Assumed Name	Expiration Date

**6. The converting limited liability company's name and/or assumed name(s) to be used as new assumed name(s) of the surviving business organization:**

Assumed Name

**7. Signatures:** Complete only Section (a) or (b) if the converting entity is a domestic limited liability company. Proceed to Item 8 if the before conversion entity is a foreign limited liability company.

*Complete if the domestic limited liability company has not commenced business:*

a) The domestic limited liability company has not yet commenced business, has not issued any membership interests; has no debts or other liabilities, and has not received or returned any payments for its membership interests and the plan of conversion was adopted and approved by unanimous consent of the organizers, in accordance with Section 708(1)(d) of the Act.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Organizer)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature of Organizer)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature of Organizer)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature of Organizer)

\_\_\_\_\_  
(Type or Print Name)

*Complete if the domestic limited liability company has commenced business:*

b) The plan of conversion was adopted and approved by the unanimous vote of the members, entitled to vote, unless the articles of organization or operating agreement provide otherwise, in accordance with Section 708(1)(c) of the Act.

Signed this 7th day of July, 2023.

DocuSigned by:  
Gina Adams  
By \_\_\_\_\_  
(Signature of Member, Manager or Authorized Agent)

GINA ADAMS, SOLE MEMBER AND SOLE MANAGER  
(Type or Print Name)

**STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A LIMITED LIABILITY COMPANY TO A  
CORPORATION PURSUANT TO SECTION 265 OF  
THE DELAWARE GENERAL CORPORATION LAW**

- 1) The jurisdiction where the Limited Liability Company first formed is Michigan.
- 2) The jurisdiction immediately prior to filing this Certificate is Michigan.
- 3) The date the Limited Liability Company first formed is March 12, 2019.
- 4) The name of the Limited Liability Company immediately prior to filing this Certificate is Wareologie LLC.
- 5) The name of the Corporation as set forth in the Certificate of Incorporation is Wareologie, Inc.

In witness whereof, the undersigned being duly authorized to sign on behalf of the converting Limited Liability Company has executed this Certificate on the 7th day of July, 2023.

By: DocuSigned by:  
*Gina Adams*  
028F074A186E40A  
Gina Adams  
Its: Sole Member

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 09:00 AM 07/10/2023  
FILED 09:00 AM 07/10/2023  
SR 20232949968 - File Number 7556453

**STATE of DELAWARE**  
**CERTIFICATE of INCORPORATION**  
**A STOCK CORPORATION**

- First:** The name of this Corporation is Wareologie, Inc. ("*Corporation*").
- Second:** Its registered office in the State of Delaware is to be located at 838 Walker Road, Suite 21-2, Dover, Kent County, Delaware 19904. The name of its registered agent at such address is Registered Agent Solutions, Inc.
- Third:** The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the Delaware General Corporation Law ("*DGCL*").
- Fourth:** The amount of the total authorized capital stock of this corporation is 15,000,000 shares of \$0.0001 par value.
- Fifth:** The name and mailing address of the incorporator is as follows:
  - Name: Gina Adams
  - Mailing Address: 21415 Civic Center Dr., Building #18  
Southfield, Michigan 48076
- Sixth:** To the fullest extent permitted by the DGCL, as the same exists or as may hereafter be amended from time to time, a director of the Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director. If the DGCL is amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the DGCL, as so amended.

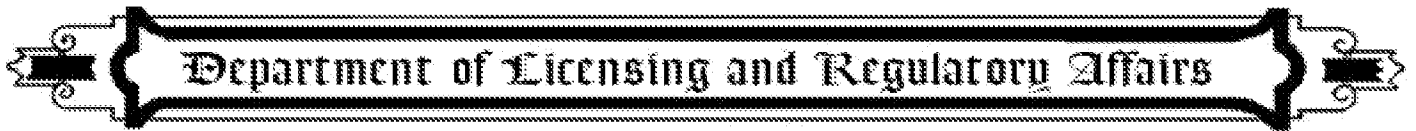
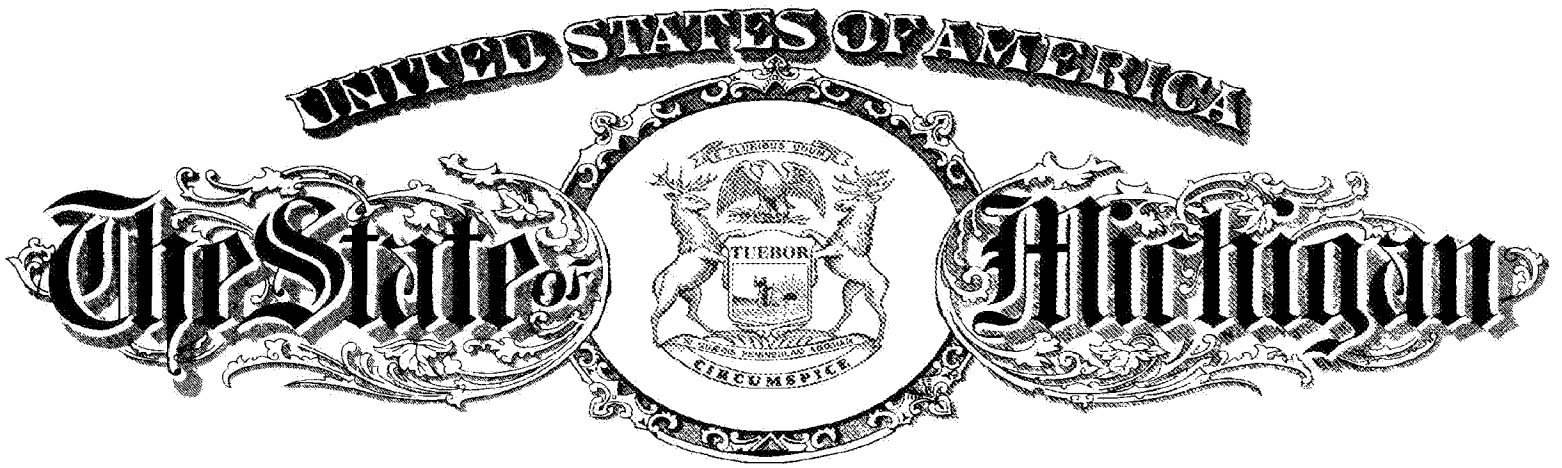
The Corporation shall indemnify, to the fullest extent permitted by applicable law, any director or officer of the Corporation who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (a "*Proceeding*") by reason of the fact that he or she is or was a director, officer, employee or agent of the Corporation or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with any such Proceeding. The Corporation shall be required to indemnify a person in connection with a Proceeding initiated by such person only if the Proceeding was authorized by the Board.

The Corporation shall have the power to indemnify, to the extent permitted by the DGCL, as it presently exists or may hereafter be amended from time to time, any employee or agent of the Corporation who was or is a party or is threatened to be made a party to any Proceeding by reason of the fact that he or she is or was a director, officer, employee or agent of the Corporation or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with any such Proceeding.

I, the undersigned, as the sole incorporator of the Corporation, have signed this Certificate of Incorporation on July 7, 2023.

DocuSigned by:  
*Gina Adams*  
628F071A186E40A  
\_\_\_\_\_  
Gina Adams, Sole Incorporator





Lansing, Michigan

This is to Certify That

**WAREOLOGIE, INC.**

a FOREIGN PROFIT CORPORATION existing under the laws of the state of Delaware

was validly authorized to transact business in Michigan on the 13th day of July, 2023,  
in conformity with 1972 PA 284.

Said corporation is authorized to transact in this state any business of the character set forth in its application which a domestic corporation formed under this act may lawfully conduct. The authority shall continue as long as said corporation retains its authority to transact such business in the jurisdiction of its incorporation and its authority to transact business in this state has not been surrendered, suspended or revoked.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in  
the City of Lansing, this 13th day of July, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** APPLICATION FOR CERTIFICATE OF AUTHORITY TO  
TRANSACTION BUSINESS IN MICHIGAN  
***for***

WAREOLOGIE, INC.

***ID Number:*** 803068766

***received by electronic transmission on*** July 13, 2023 ***, is hereby endorsed.***

***Filed on*** July 13, 2023 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 13th day of July, 2023.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***

**LARA** Corporations  
Online Filing System  
Department of Licensing and Regulatory Affairs

Form Revision Date 07/2021

**APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN  
MICHIGAN**

**For use by FOREIGN PROFIT CORPORATIONS**

*Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned execute the following Application.*

1. The name of the corporation is:

WAREOLOGIE, INC.

2. (Complete this item only if the corporate name in item 1 is not available for use in Michigan.)

The assumed name of the corporation to be used in all its dealings with the Bureau and in the transaction of its business or conducting of its affairs in Michigan is:

3. Incorporated under the laws of:

Country: USA - United States

State: DE - Delaware

4. Date of Incorporation: 07/10/2023

5. The duration of the corporation if other than perpetual is:

6. The address of the main business or headquarters office of the corporation is:

Street Address: 21415 CIVIC CENTER DR.

Apt/Suite/Other: BUILDING # 18

City: SOUTHFIELD

Country: United States

Zip Code: 48076

State: MI

The mailing address if different than above:

Street Address:

Apt/Suite/Other:

City:

Country: United States

Zip Code:

State:

Select State

7. The street address of the registered office of the corporation and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

a. Resident Agent Name: GINA ADAMS

b. Street Address: 21415 CIVIC CENTER DR.

Apt/Suite/Other: BUILDING # 18

City: SOUTHFIELD

State: MI

Zip Code: 48076

c. Registered Office Mailing Address:

**PATENT  
REEL: 064511 FRAME: 0043**

P.O. Box or Street  
Address:  
Apt/Suite/Other:  
City:  
State:

Zip Code:

9. The specific business which the corporation is to transact in Michigan is as follows:

MEDICAL EQUIPMENT.

10.  
Total Authorized Shares: 1500000

The document must be signed by an authorized officer or agent.

Signed this 13th Day of July, 2023 by:

Signature	Title	Title if "Other" was selected
Matthew W. Bower	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline  Accept

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAREOLOGIE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAREOLOGIE, INC." WAS INCORPORATED ON THE TENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



7556453 8300

SR# 20232977901

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203730138

Date: 07-12-23