# 508426340 03/07/2024

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 Assignment ID: PATI79236

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Execution Date
The SEFA Group, Inc.	05/01/2023

### **RECEIVING PARTY DATA**

Company Name: The SEFA Group, LLC	
Street Address: 217 Cedar Road	
City: Lexington	
State/Country:	SOUTH CAROLINA
Postal Code:	29073

# **PROPERTY NUMBERS Total: 1**

Property Type	Number	
Patent Number:	9528700	

### **CORRESPONDENCE DATA**

**Fax Number:** 8032559831

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.

using a lax number, ii provided, ii that is unsuccessid, it will be sent via os

**Phone:** 8037992000

**Email:** robert.mcwilliams@nelsonmullins.com,ipdocket@nelsonmullins.com

**Correspondent Name:** Robert H. McWilliams Jr.

Address Line 1: One Wells Fargo Center, 23rd Floor

Address Line 2: 301 South College Street

Address Line 4: Charlotte, NORTH CAROLINA 28202

ATTORNEY DOCKET NUMBER:	056216/09006
NAME OF SUBMITTER:	Robert McWilliams
SIGNATURE:	Robert McWilliams
DATE SIGNED:	03/07/2024

# **Total Attachments: 5**

source=SEFA - Certificate of Conversion and Formation#page1.tif source=SEFA - Certificate of Conversion and Formation#page2.tif source=SEFA - Certificate of Conversion and Formation#page3.tif source=SEFA - Certificate of Conversion and Formation#page4.tif source=SEFA - Certificate of Conversion and Formation#page5.tif

PATENT REEL: 066766 FRAME: 0935

508426340

Filing ID: 230501-1256218

Filing Date: 05/01/2023

# STATE OF SOUTH CAROLINA SECRETARY OF STATE

# CONVERSION OF A CORPORATION TO A LIMITED LIABILITY COMPANY

### **ARTICLES OF ORGANIZATION**

\*\*Conversion of an entity can result in tax consequences for the entity. Please consult a tax professional such as a CPA or qualified attorney before filing for conversion.

The following corporation hereby converts to a limited liability company pursuant to the provisions of Section 33-11-111 and Section 33-11-112 of the 1976 S.C. Code of Laws, as amended, by filing these articles of organization.

1.	The name of the li	-	pany is:				
	THE SEFA GRO	UP, LLC					
2.	The initial agent for	or service of proce	ess is:				
	BRET J. HARRIS	<b>;</b>					
	(Name)					***************************************	······································
and the street address in South Carolina for this agent for service of process is 217 CEDAR ROAD							
	(Street Address)						
LEXINGTON, South Carolina 29073							
(City, State, Zip Code)							
3	The former name	of this limited liahi	lity company	while a corr	ooration was:		
The former name of this limited liability company while a corporation was:  [THE SEFA GROUP, INC.]  [THE SEFA GROUP, INC.]  [THE SEFA GROUP, INC.]							
		. ,					
4.	If voting by voting separately on the		the below inf	formation m	ust be provided f	or each voting grou	p entitled to vote
<del>*</del>		Number	Number of Votes Required to Approve				
		(required if this was less than unanimous vote "for")					
		For	-OR-	Against	Specify	whether number or	percentage
	Class A	75000				50000	-
		_					=
							_
		_					_

Form Revised by South Carolina Secretary of State, August 2016 F0101

	THE SEFA GROUP, LLC
	Name of Limited Liability Compar
	Name of Emilieu Liability Compar
address of the initial designated office is: Cedar Rd	
eet Address)	
ington, South Carolina 29073	
, State, Zip Code)	
name and mailing address of each organizer	
gg T. Hendrix	
ne) ' Cedar Rd	
eet Address)	
ington, South Carolina 29073	
, State, Zip Code)	
ne)	
eet Address)	
, State, Zip Code)	
ne)	
eet Address)	
, State, Zip Code)	
, State, Zip Code)	

Form Revised by South Carolina Secretary of State, August 2016 F0101

		THE SEFA GROUP, LLC
		Name of Limited Liability Company
	_	
8.		Check this box only if management of the limited liability company is vested in a manager or managers. If this
	_	company is to be managed by managers, specify the name and address of each manager:
	a.	
	(Nam	ne)
	(	
	(Busi	ness Address)
	7.6324	Oliver The Octob
	(City,	State, Zip Code)
	b.	
	(Nam	e)
	(Busi	ness Address)
	(City	State, Zip Code)
	(CHY,	State, Zip Code)
	C.	
	/k.l	
	(Nam	
	(Busi	ness Address)
	(City,	State, Zip Code)
q		Check this box only if or more members of the company are to be held liable for its debts and obligations
Ο.	<b></b>	pursuant to §33-44-303(c) of the 1976 S.C. Code of Laws, as amended. If one or more members are so liable,
		specify which members and of which debts, obligations or liabilities such members are liable in their capacity as
		members:

Form Revised by South Carolina Secretary of State, August 2016 F0101

	Name of Limited Liability Company
10.	Set forth any optional provisions not inconsistent with law the limited liability company wishes to include in its operating agreement, including any provisions that are required or are permitted to be set forth in the operating agreement:
11.	Unless a delayed effective date is specified, the existence of the limited liability company will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:  (Date)
40	
12.	The articles of incorporation of the corporation will be cancelled as of the effective date of this filing.
	Name and signature of each organizer:  a.  Gregg T. Hendrix
	(Name)
	Signed as Filer: Andrea Legette-Toovey
	(Signature) b.
	(Name)
	(Signature)
	c.
	(Name)
	(Signature)
Dat	re: <u>05/01/2023</u>

THE SEFA GROUP, LLC

Form Revised by South Carolina Secretary of State, August 2016 F0101

Business Name: The SEFA Group, Inc.

# Signature Page for a Secretary of State Business Filing

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation, Nonprofit Corporation, and **Benefit Corporation)**

# **Official Signatures**

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Gregg T. Hendrix	5/1/2023
Name	Date
Grego T. Hundrin	Organizer
Signature	Title / Position
Name	Date
Signature	Title / Position
Name	Date
Signature	Title / Position
Name	Date
Signature	Title / Position
Attorney Signature	
Required for forms that implicitly state that an attorney must Nonprofit Corporation, and Benefit Corporation)	sign. (Articles of Incorporation for Corporation,
l,	an attorney licensed to practice
in the state of South Carolina, certify that the corporation, to is attached, has complied with the requirements of Chapter 2 Laws, as amended, related to the articles of incorporation.	
Attorney Signature	 Date

**PATENT** File must be in PDF Format. REEL: 066766 FRAME: 0940 **RECORDED: 03/07/2024**