

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

Assignment ID: PATI602386

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Conversion
CONVEYING PARTY DATA	
Name	Execution Date
Aardvark Event Logistics, Inc.	12/26/2023
RECEIVING PARTY DATA	
Company Name:	Aardvark Studios, LLC
Street Address:	31 Portland Road
City:	Conshohocken
State/Country:	PENNSYLVANIA
Postal Code:	19128
PROPERTY NUMBERS Total: 16	
Property Type	Number
Application Number:	15398506
Application Number:	15870333
Application Number:	29589779
Application Number:	16246900
Application Number:	16392251
Application Number:	29690317
Application Number:	63055668
Application Number:	29744831
Application Number:	63106682
Application Number:	17328660
Application Number:	29799229
Application Number:	29814266
Application Number:	17383360
Application Number:	63241783
Application Number:	29805403
Application Number:	17897165
CORRESPONDENCE DATA	
Fax Number:	2025721405
<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>	

Phone:	(202)772-5805
Email:	patents@blankrome.com,Peter.Weissman@BlankRome.com
Correspondent Name:	Peter Weissman
Address Line 1:	1825 Eye Street NW
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20006

ATTORNEY DOCKET NUMBER:	140903
NAME OF SUBMITTER:	Roberta Matthews
SIGNATURE:	Roberta Matthews
DATE SIGNED:	11/01/2024

Total Attachments: 5

source=14093 - Name Change to Aardvark Studios#page1.tiff
source=14093 - Name Change to Aardvark Studios#page2.tiff
source=14093 - Name Change to Aardvark Studios#page3.tiff
source=14093 - Name Change to Aardvark Studios#page4.tiff
source=14093 - Name Change to Aardvark Studios#page5.tiff

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Pennsylvania Department of State

-FILED-

Amendment #: 0013690561
Date Filed: 12/27/2023

☐ Return document by mail to:

CSC ORDER#228592-5

LBY

Name

Address

City

State

Zip Code

☒ Return document by email to: cscpa@cscglobal.com

Statement

DSC
(7/1/2015)



355

Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:1. The name of the converting association is: Aardvark Event Logistics, Inc.2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

☒ Business Corporation☐ Limited Partnership☐ Business Trust☐ Nonprofit Corporation☐ Limited Liability (General) Partnership☐ Professional Association☐ Limited Liability Company☐ Limited Liability Limited Partnership☐ Other _____

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

12/28/2006

(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988

(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT OF STATE

DEC 27 2023

PATENT

REEL: 069289 FRAME: 0729

B0635-4864 12/27/2023 10:44 AM Received by Pennsylvania Department of State

DSCB:15-355-2

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) <i>OR</i> (b) - not both:</p> <p>(a) <u>31 Portland Road</u> <u>Conshohocken, PA 19128</u> <u>County: Montgomery</u></p> <p>Number and street City State Zip County</p> <p>(b) c/o: _____</p> <p>Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p>Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____</p> <p>Number and street City State Zip</p>

B. For the converted association:

1. The name of the converted association is: Aardvark Studios, LLC2. The jurisdiction of formation of the converted association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

B0635-4065 12/27/2023 10:44 AM Received by Pennsylvania Department of State

DSCB:15-355-3

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) - not both:</p> <p>(a) <u>31 Portland Road</u> <u>Conshohocken, PA 19128</u> County: <u>Montgomery</u></p> <p>Number and street City State Zip County</p> <p>(b) c/o: _____</p> <p>Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p>Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> <p>Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____</p> <p>Name of Registered Agent</p> <p>_____</p> <p>Number and street City State Zip</p>

C. **Effective date of statement of conversion** (check, and if appropriate complete, one of the following):

- ☒ This Statement of Conversion shall be effective upon filing in the Department of State.
- ☐ This Statement of Conversion shall be effective on: _____ at _____.
- Date (MM/DD/YYYY) Hour (if any)

D. **Approval of conversion by converting association** (check only one):

- ☒ For converting association that is a domestic entity - The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- ☐ For converting association that is a foreign association - The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. **Attachments** (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 26 day of December, 2023.

Aardvark Event Logistics, Inc.

Name of Converting Association

DocuSigned by:

Lawrence Borden

Signature

President


Title

PATENT

REEL: 069289 FRAME: 0731

B0635-4066 12/27/2023 10:44 AM Received by Pennsylvania Department of State

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> CSC ORDER#228592-10 LBY </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Name ** Attachment to Conversion** </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Address </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> City State Zip Code </div> <input checked="" type="checkbox"/> Return document by email to: <u>cscpa@cscglobal.com</u>	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)  <small>8821</small>
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Aardvark Studios, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

31 Portland Road Conshohocken, PA 19128 County: Montgomery

Number and Street	City	State	Zip	County
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(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o:

Name of Commercial Registered Office Provider	County
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3. The name of each organizer is *(all organizers must sign on page 2)*:

Lawrence Borden

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

☒ The Certificate of Organization shall be effective upon filing in the Department of State.

☐ The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

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DSCB:15-8821-2

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

☐ The company is a restricted professional company organized to render the following restricted professional service(s):

- ☐ Chiropractic
- ☐ Dentistry
- ☐ Law
- ☐ Medicine and surgery
- ☐ Optometry
- ☐ Osteopathic medicine and surgery
- ☐ Podiatric medicine
- ☐ Public accounting
- ☐ Psychology
- ☐ Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

☐ This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

☐ This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

26 day of December, 2023.

DocuSigned by:

Lawrence Borden

5CAC45A23AB04D5

Signature

Signature

Signature