FILED 00 SEP 13 AM 10: 18 Address SECRETARY OF STATE TALLAHASSEE, FLORIDA City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 000003371860-08/24/00--01064--005 ****262.50 ****262.50 (Corporation Name) (Document #) (Corporation Name) (Document #) **₩** Walk in ☐ Pick up time ☐ Will wait Mail out Photocopy **NEW FILINGS AMENDMENTS** ☐ Profit Amendment ☐ Not for Profit Resignation of R.A., Limited Liability Change of Registered Agantability N Dissolution/Withdrawal Document Domestication NJC Other Merger Examiner Updater FICATION NJC **OTHER FILINGS** REGISTRATION/OUA Updater NJC Annual Report Verifyer Foreign ☐ Fictitious Name Limited Partnership Acknowledgement NJC Reinstatement W. P. Verifyer NJC 4 Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 30, 2000

CYNTHIA C. SIMMONS 1706 E. SEMORAN BLVD. SUITE 130 APOPKA, FL 32703

SUBJECT: SECRET PARTIES Ref. Number: W00000021363

We have received your document for SECRET PARTIES and your check(s) totaling \$262.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part I(2)(a) or (b) you must state the goods or services the mark is used in connection with. If the mark is a trademark, you must specify the specific goods or products. If the mark is a service mark, you must specify the exact services you are providing.

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

We need three permanent specimens, which may be the same or different. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 TO: Name & address to whom acknowledgment should be sent: Daytime Telephone number 1. (a) Applicant's name: (b) Applicant's business address: \(\frac{1}{2} \) City/State/Zip (c) Applicant's telephone number: (☐ Joint Venture Other: ☐ Individual Corporation Limited Partnership Union ☐ General Partnership If other than an individual, (2) Domicile State: *I* (1) Florida registration number: (3) Federal Employer Identification Number: 2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.) (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.) (c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

(Continued)

d) The class(es) in which goods or services fall:	
3. 25	· · · · · · · · · · · · · · · · · · ·
35	
•	PART II
1. Date first used by	y the applicant, predecessor, or a related company (must include month, day and year):
(a) Date first used a	10011
(-)	4/1/1986
1 The mark to be n	PART III registered is: (If logo/design is included, please give brief written description which
must be 25 work	registered is: (If logo/design is included, please give brief written description which ds or less.)
	SCOPET PARTIES
	DECRET TARTIES
English Translation	
_	
2. DISCLAIMER ((if applicable) DE TO THE EXCLUSIVE RIGHT TO USE THE TERM " PARTIES
NO CLAIM IS MA.	" APART FROM THE MARK AS SHOWN.
AUST TE.	7- Simmes being sworn, depose and say that I am the owner and the applicant
herein or that I am auth	thorized to sign on behalf of the owner and applicant herein, and no other person except a related company has
the right to use such ma	ark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the
application and know th	he contents thereof and that the facts stated herein are true and correct
	SECRET PARTIES, INC
	Typed or printed name of applicant
	Stully a Dimarco - 1/2 & -
	Applicant's signature or authorized person's signature (List name and title)
STATE OF _F	Lorda Estimate and date)
COUNTY OF	Mange PS & D
On this 77 do	ay of August, 2000, Shelby Simular personally
appeared before me	2, 1901 745 40 5 , 2000 , 1800 1900 1900 1900 1900 1900 1900 1900
<i>-</i>	onally known to me whose identity I proved on the basis of
	Sum 1 1 ms
	* Notary Public Signature **Notary Public Signature
(Seal)	Expires January 6, 2002
	Notary's Printed Name
	My Commission Expires: 1-6-0 Z
	ivity Commussion Expires.

æ.

FEE: \$87.50 per class







Secret Parties™

1706 E. Semoran Blvd., #130 Apopka, Florida 32703 (407) 884-8668 (800) 633-1138

Secret Lady
CYNTHIA SIMMONS
President