Requester's Name	1190 FILED 00 NOV -6 PM 1: 13
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CORPORATION NAME(S) & DOC	Office Use Only CUMENT NUMBER(S), (if known):
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☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS W-256/8
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment Resignation of R.A., Officer/Director The property of the
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark  Name Availability Document Examiner NJC
	Other Updater NJC



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 24, 2000

CARL RUBIN 1611 HURON TRAIL MAITLAND, FL 32751

SUBJECT: MEDCO EQUIPMENT LEASING AND FINANCING

Ref. Number: W00000025618

We have received your document for MEDCO EQUIPMENT LEASING AND FINANCING and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

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.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 000A00055536

## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES

Division of Corporations Post Office Box 6327 TO: Tallahassee, FL 32314 Name & address to whom acknowledgment should be sent: 1611 Huron Trail Maitland, Florida 32751 629-7677 Daytime Telephone number om Co Equipment 1611 Huron Trail (b) Applicant's business address: Maitland, Florida 32751 City/State/Zip (c) Applicant's telephone number: (407 629-7677 ☐ Individual x Corporation ☐ Joint Venture Other: ☐ General Partnership ☐ Limited Partnership Union If other than an individual, P94000088951 (1) Florida registration number: (2) Domicile State: Florida (3) Federal Employer Identification Number: 59–3284892 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.) equipment leasing and financing (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.) brochures, business cards, advertisements

(Continued)

CR2E014(7/97)

Class 36 Insurance and Financial
PART II  1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):  (a) Date first used anywhere: 6/1/99 (b) Date first used in Florida: 6/1/99
PART III  1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)
Medico Equipment LEAsing and Financing
2. DISCLAIMER (if applicable)  NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "  LEASING BAND FINANCING "APART FROM THE MARK AS SHOWN.  I,
Carl Rubin, President  Applicant's signature or authorized person's signature  (List name and title)
STATE OF Florida COUNTY OF Orange
On this 10th day of OCTOBER , 2000 , Carl Rubin Personally appeared before me,  x x who is personally known to me whose identity I proved on the basis of
(Seal) Wm M Adams  Notary Public Signature  Notary's Printed Name
My Commission Expires: October 15, 2002
\$87.50 per class  MEDCO Carl Rubin

1611 Huron Trail Maitland, Florida 32751 407-629-7677 fax 407-629-1936

Equipment leasing and financing specializing in financing for the medical industry