

T01000000612

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -6 PM 2:24

Requester's Name _____

Address _____

City/State/Zip _____ Phone # _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Orga Mac (5)
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. 855/761/304/671
(Corporation Name) (Document #)

000004214510--2
-05/14/01--01064--004
*****87.50 *****87.50

4. Pls Advise if "Orga Mac" is one or
(Corporation Name) (Document #)

two words

- Walk in
- Mail out
- Pick up time
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

(5)

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

T01-612

MP

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

W01-11573

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 22, 2001

MORRIS LUBERSKY
10280 CAMELBACK LANE
BOCA RATON, FL 33498-4727

SUBJECT: ORGAMAC
Ref. Number: W01000011573

We have received your document for ORGAMAC 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 that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please advise us if "ORGAMAC" is one or two words.

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: 101A00031251

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

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

MORRIS LUBETSKY
10280 CAMELBACK LANE
BOCA RATON, FL 33498-4727
(561) 451-4240
Daytime Telephone number

PART I

1. (a) Applicant's name: MORRIS LUBETSKY

(b) Applicant's business address: 10280 CAMELBACK LANE
BOCA RATON, FL 33498-4727
City/State/Zip

(c) Applicant's telephone number: (561) 451-4240

Individual Corporation Joint Venture Other: _____
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: _____ (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 213-12-7219

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.)

VITAMINS

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

LABEL

(Continued)

d) The class(es) in which goods or services fall:

CLASS 31

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: 4/1/2001 (b) Date first used in Florida: 4/1/2001

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.)

ORGA MAC (ORGA MAC)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
JUN - 6
PM 2:21

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " _____
" APART FROM THE MARK AS SHOWN.

I, MORRIS Lubetsky, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

MORRIS LUBETSKY

Typed or printed name of applicant

[Signature]

Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Palm Beach

On this 10 day of May, 2001, MORRIS LUBETSKY personally appeared before me,

who is personally known to me whose identity I proved on the basis of FDL L132-546-24457-0

(Seal)



[Signature]
Notary Public Signature

Notary's Printed Name

My Commission Expires: _____

FEE: \$87.50 per class

Directions:

Take 2 capsules 3 times daily with meals. For best results, take with a glass of water. Do not take if you are pregnant or nursing. Consult your physician if you are taking any other medications.

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Distributed by: Nutrient Health Lab
Fort Lauderdale, Florida USA - MADE IN USA
Phone: (954) 383-3358

NH0031-08



OrgaMac™

PASSION ENHANCER FORMULA



60 CAPSULES
Dietary Supplement

with
Horny Goat Weed

Supplement Facts

Serving size: 2 capsules
Servings per container: 30

	Amount per serving / %Daily Value
Horny Goat Weed (5:1) PE	500 mg *
Maca Pure (4:1) PE	250 mg *
Mucuna Pruriens	33.3 mg *
Yohimbine Hcl	10 mg *

*Daily Value not established

Other ingredients: Soy Lecithin, Cellulose, Magnesium Stearate, Hydroxypropyl Methylcellulose, Stearic Acid, Polyethylene Glycol, Glycerin, Purified Water, and Natural Flavors.

STORE IN A COOL DRY PLACE
KEEP OUT OF REACH OF CHILDREN
DO NOT USE IF SAFETY SEAL IS BROKEN