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SECRETARY OF STATE
TALLAHASSEE. FLORID

765-704

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

TO: Division of Corporations

Post Office Box 6327 Tallahassee, FL 32314	N . A . I	
	Name & address to whom acknowledgment should be sent:	
	5-7175 SW 47 ST SUTTE# 205	
	₹ MTAMT, FT. 33155	
	(305) 740–4646 Daytine Telephone number	
	PART I	
1. (a) Applicant's name: VIVE LA FETE		
(b) Applicant's business address: 7175	SW 47 ST SUITE# 205	
MIAMI	FL 33155	
(c) Applicant's telephone number: (305) 7	City/State/Zip	
☐ Individual ☐ Corporation	☐ Joint Venture ☐ Other;	
☐ General Partnership ☐ Limited Partner	rship 🚨 Union	
If other than an individual,		
(I) Florida registration number: M24625	(2) Domicile State: FLORIDA	
(3) Federal Employer Identification Number:	59-2810920	
 (a) If the mark to be registered is a service mark (i.e., furniture moving services, diaper services. 	, the services in connection with which the mark is used: es, house painting services, etc.)	
N/A		
(b) If the mark to be registered is a trademark, the (i.e., ladies sportswear, cat food, barbecue groups and the control of th	ne goods in connection with which the mark is used: ills, shoe laces, etc.)	
CIRLS, BABY AND CH	ILDREN APPAREL	
(c) The mode or manner in which the mark is us	sed:(i.e., labels, decals, newspaper advertisements, brochures, etc.)	
LABEL, HANG TAGS.	ADVERTISING, BROCHERS, LOGO,	
PACKING SUPPLIES	S, RIBBON, PURCHASE ORDERS, INVOICES	
AND STATONARY		
	(Continued)	

d) The class(es) in which good	or services fall:	
	CLASS 25	
		A THE YY
l. Date first used by the applica		ART II clated company (must include month, day and year):
	- -	(b) Date first used in Florida:
	Ü	PART III
The mark to be registered is:	(If logo/design is inclu	ided, please give brief written description which
musicoc 25 words of icss.)	COTTON PINK	
		PINK
English Translation		
2. DISCLAIMER (if applicable)	
O CLAIM IS MADE TO THE	EXCLUSIVE RIGHT	
	· · · · · · · · · · · · · · · · · · ·	" APART FROM THE MARK AS SHOWN.
L.T.A erein, or that I am authorized to sign he right to use such mark in Florida e mistaken therefor. I moke this offic mistaken therefor.	NA_VARGAS on behalf of the owner and ther in the identical form o last and verification on m	, being sworn, depose and say that I am the owner and the applicant I applicant herein, and no other person except a related company has or in such near resemblance as to be likely to deceive or confuse or to sythe applicant's behalf. I further acknowledge that I have read the
pplication and know the contents ther	of and that the facts stated	I herein are true and correct
<u>I</u>	IANA WARGAS	ated name of applicant
v		= = =
C	Applicant's signature of	or authorized person's signature name and title)
STATE OF Florida	, (LISCE	name and dute)
	· Dala	SSE 2
COUNTY OF <u>I Misnu</u>	, Name	
On this day of ppeared before me,	May So	new jersonally
who is personally known	to me whose ide	entity I proved on the basis of FD V6257-2480595
,		
		Mane Cheles
		Notary Public Signature
		Notary's Printed Name
	No. C	nc
	EE: \$87	7.50 per class OFFICIAL NOTARY SEAR MARIE FUSTER
		DOMINISTON NUMBER
	®	DD048338 MY COMMISSION EXPIRES
		OF FLO AUG. 25,2005