

T06000000 387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: #4

789/765/2930/740/671

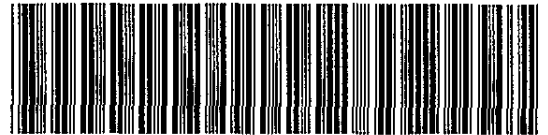
Comforts of Home

"Home"

Office Use Only

Called 3/28/06

OK to Add one
Slogan, other must be
done on separate app. up



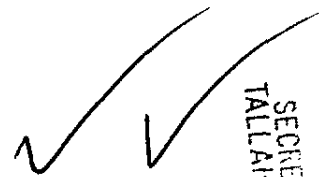
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2nd
sign

W06-3076



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 28 PM 3:48

FILED



Companion Care

TRADEMARK REGISTRATION SECTION
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 13, 2006

To Whom It May Concern,

I hope that you and your family had a nice, warm holiday season with loved ones, family and friends;... and that the New Year brings you laughter, smiles and good health.

The purpose of this letter is to secure a trade mark, service mark, and register any brand / (logo) that is able to be secured for our business via the supplied application and some examples of the name & logo treatments.

Additionally, we have two slogans that we are using; that we would like marked / or copy righted

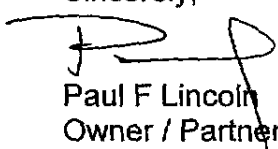
1. Expertise you can count on - The care you deserve.
2. Affordable care from trusted Home Health professionals

To help you in the filing, I have enclosed several pieces of printed material to help verify / validate our mark.

- Business Cards
- Rolodex-style Cards
- Letterhead w/ logo
- Envelopes w/ logo
- Business / Sales Folders
- Post-it Notes
- Sales / Marketing Tri-fold literature
- Fictitious Name Document (from FL State)

Thanks in advance for your help. If you need anything else from me; please let me know.

Sincerely,


Paul F Lincoln
Owner / Partner

Other Attachments: FLORIDA STATE - HHA License, Companion Care License
& Liability Insurance

Affordable care from trusted Home Health Professionals

9900 Surling Road, Suite 224 Cooper City, FL 33024 Tel. (954) 364 6265



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

PAUL F. LINCOLN
COMFORTS OF HOME
9900 STIRLING ROAD, SUITE 224
COOPER CITY, FL 33024

SUBJECT: DESIGN OF HOME WITH A ROOF LINE, CHIMNEY & OPEN
DOOR, AT LEFT SIDE OF DOOR IS HUMAN FIGURINE WITH ARMS RAISED
UNDER ROOF LINE CREATES A HEART
Ref. Number: W06000003076

We have received your document for DESIGN OF HOME WITH A ROOF LINE, CHIMNEY & OPEN DOOR, AT LEFT SIDE OF DOOR IS HUMAN FIGURINE WITH ARMS RAISED UNDER ROOF LINE CREATES A HEART and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have listed two or more individuals as the owner of the mark. Each must sign the application and each signature must be notarized.

If the term(s) "COMFORTS OF HOME" is/are to be included as part of the mark registration, you must include the term(s) in #1 of Part III of the application.


Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "HOME"

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) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 806A00004583

 *Seal of the State of Florida*
TRADEMARK REGISTRATION SECTION
Division of Corporations
CLIFTON BUILDING
2661 Executive Center Circle
Tallahassee, FL 32301

March 23, 2006

Dear Nanette,

Per my brief phone inquiry today, I have sent the re-submittal within the 60 day time period.

Your letter of January 23, 2006 identified a few items that needed further support and correction.

The changes listed have been made to be in compliance for a legitimate filing:

1. Both Onwers / Partners have signed the document. Accordingly, the signatures have been notarized.
2. The phrase / fictitious name / trademark name, " Comforts of Home " has been added into #1 of Part III.
3. The word "Home" has been added into the disclaimer section # 2 of Part III

The purpose of this letter is to secure a trade mark, service mark, and register any brand / (logo) that is able to be secured for our business via the supplied application and some examples of the name & logo treatments.

Additionally, we have two slogans that we are using; that we would like marked / or copy righted

1. Expertise you can count on - The care you deserve.
2. Affordable care from trusted Home Health professionals


I have also enclosed your January 23rd letter; ref #: W06000003076 as requested.

To help you in the filing, I have enclosed several pieces of printed material to help verify / validate our mark.

- Business Cards
- Rolodex-style Cards
- Letterhead w/ logo
- Envelopes w/ logo
- Business / Sales Folders
- Example of Logo – Business Stamp (for mailing and branding misc correspondence)
- Post-it Notes
- Fictitious Name Document (from FL State) : Comforts of Home
- Federal Tax ID #
- Sales / Marketing Tri-fold literature

Thanks in advance for your help. If you need anything else from me; please let me know.

Sincerely,



Paul F Lincoln
Owner / Partner

Other Attachments: FLORIDA STATE - HHA License, Companion Care License & Liability Insurance

Affordable care from trusted Home Health Professionals

9900 Stirling Road, Suite 224 Cooper City, FL 33024 Tel. (954) 364 6265

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:

COMFORTS OF HOME
9900 STIRLING RD SUITE #224
COOPER CITY, FL 33024
(954) 364-6265
Daytime Telephone number

TODAY'S
DATE: 1/13/06

PART I

1. (a) Applicant's name: PAUL F. LINCOLN / DAVID R. ARNOTT
- (b) Applicant's business address: COMFORTS OF HOME COOPER CITY
9900 STIRLING ROAD, SUITE 224, FL 33024
City/State/Zip
- (c) Applicant's telephone number: (954) 364-6265
- ☐ Individual ☐ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

- (1) Florida registration number: 605192900459 (2) Domicile State: FLORIDA
- (3) Federal Employer Identification Number: 20-2977463

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.)

STATE LICENSED

HOME HEALTH AGENCY; MEAL PREP, PERSONAL CARE, GROCERY SHOPPING
ORAL &
ADL, RANGE OF MOTION, PERSONAL HYGIENE, LIGHT HOUSEKEEPING
MEDICATION REMINDERS, RESPITE CARE, MEAL PREP, 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.)

HEALTHCARE INDUSTRY

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

LABELS, POST-ITS, BUSINESS CARDS, NEWSPAPER ADS, BROCHURES,
SALES FOLDERS, FLYERS, LETTERHEAD, ANY/ALL
COMMUNICATION PIECES, ROLLODEX CARDS

(Continued)

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

CLASS 35 CLASS 42

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: July 11, 2005 (b) Date first used in Florida: July 11, 2005

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.)

THE PHRASE/TEXT "COMFORTS OF HOME"
ICONIC SIMPLE PAINT OF A HOME WITH A
ROOF LINE/CHIMNEY & OPEN (INVITING) DOOR
AT LEFT SIDE OF DOOR IS FIGURINE HUMAN WITH ARMS RAISED UNDER
ROOF LINE CREATES A HEART.
↓ slogan "Affordable care from trusted Home Health Professionals"

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "HOME"
"Home Health Professionals" APART FROM THE MARK AS SHOWN.

I, Paul F. Lincoln, 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

PAUL F. LINCOLN
Typed or printed name of applicant

DAVID R. ARNOTT

[Signature] / OWNER
Applicant's signature or authorized person's signature
(List name and title)

[Signature] / OWNER / PARTNER

STATE OF Florida

COUNTY OF Broward



Robin Leslie Smith
Commission #DD330829
Expires: Jun 20, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

Robin Smith

On this 13 day of January 2006, Paul Lincoln personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of _____



Robin Leslie Smith
Commission #DD330829
Expires: Jun 20, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

[Signature]
Notary Public Signature
ROBIN SMITH
Notary's Printed Name

My Commission Expires: 6-20-08

FEE: \$87.50 per class

FILED
06 MAR 28 PM 3:48
TALLAHASSEE, FLORIDA