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COVER LETTER

,	
TO:	Registration Section
	Division of Corporations

remium

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanic Shoemaker
(Name of Person)

Amerignan Recycling Delray Limited
(Firm/Company)

Partnership

For further information concerning this matter, please call:

(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILING FEE: \$87.50 per class CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

CR2E005 (1/20)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations
Amerigran Recycling.	P.O. Box 6327 Tallahassee, FL 32314
10320 W. Atlantic Ave	1) Mark Registered: PREMIUM BROWN MULCH
Derray Beach, F. 33+4,	
2) Registration Number:	
3) Date Filed: 7 38 04 4.) Rene	wal Date: 7/28/31 5.) Class(es) Filed: 31
•	95.071, Florida Statues. Below you must state the mark is still in use use is not due to any intention to abandon the mark.
The mark is st	Illin usc in Florida
	owing actual use of the mark is included with this application. e state of incorporation/formation/organization:
o) it applicant is a business entity, enter the	state of meorporation formations organization.
Fee: \$87.50 Per Class Certificate of Renewal: \$8.75	David Tomlinson, V.P. Typed or Printed Name of Owner
(Optional)	By: Amerigrow Recycling Corp., G.P.
STATE OF FLORIDA.	Owner's Signature or Authorized Person's Signature
COUNTY OF Honda	
Sworn to (or affirmed) and subscribed before m (numeric date) this day of	e by means of physical presence or online notarization, this une 20, by (Davia Tomlinson) month year name of person making statement
STEPHANIE SHOEMAKER Notary Public - State of Florida Commission # GG 265377 On Commission # GG 2	Notary Public's Signature Shopping Vac
	Notary Public's Printed Name
Personally Known. OR Produced Identificat	
Type of Identification Produced:	
CR2E005 (1/20)	

