

106000001102

(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:

789/2880/2932/  
6189/761/671  
"Cheerleaders"

Office Use Only



800076405298

06/26/06--01014--008 \*\*87.50

106-1102  
✓ corp list not  
2006-29169



FILED  
06 AUG 30 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** God's Cheerleader

(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Knox

(Name of Person)

Unlimited Grace, LLC

(Firm/Company)

P.O. Box 3392

(Address)

Riverview, Florida 33568

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Knox

(Name of Person)

at ( 813 ) 236-9341

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2006

MICHELLE KNOX  
UNLIMITED GRACE LLC  
P.O. BOX 3392  
RIVERVIEW, FL 33568

SUBJECT: GOD'S CHEERLEADER  
Ref. Number: W06000029169

We have received your document for GOD'S CHEERLEADER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

You must list a more specific product in #2(b) in Part I of the application.

You have disclaimed a term or terms that do not need to be disclaimed. Please remove the following term(s) from the disclaimer statement: "CHEERLEADER".

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept 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 publications. 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) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 606A00042601

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_  
Daytime Telephone number

PART I

1. (a) Applicant's name: ~~Michelle Knox~~ Unlimited Grace, LLC

(b) Applicant's business address: 12434 Bramfield Dr

Riverview, FL 33569

City/State/Zip

If different, Applicant's mailing address: P.O. Box 3392

Riverview, FL 33568

City/State/Zip

(c) Applicant's telephone number: ( 813 ) 236-9341

Individual       Corporation       Joint Venture       Other: \_\_\_\_\_  
 General Partnership       Limited Partnership       Union

If other than an individual,

(1) Florida registration/document number: L05000037377      (2) Domicile State: Florida

(3) Federal Employer Identification Number: 16-1721663

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.)

Apparel - T-shirts, shorts, sweatshirts, socks, hats, visors

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

Apparel advertisement, brochures, printing, newspaper ads

\_\_\_\_\_  
\_\_\_\_\_

(Continued)

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

class 25

**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: 5/1/06 (b) Date first used in Florida: 5/1/06

**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.)

God's Cheerleader

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " God's Masterpiece " APART FROM THE MARK AS SHOWN.

I, Michelle Knox, 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

Michelle Knox

Typed or printed name of applicant

Michelle Knox - owner

Applicant's signature (List name and title)

FILED  
06 AUG 30 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Hillsborough

On this 15th day of June, 2006, Michelle A. Knox personally appeared before me,

who is personally known to me  whose identity I proved on the basis of K520-541-72-9210 FLOL

(Seal)

Jamie Langlois  
Notary Public Signature

Jamie Langlois  
Notary's Printed Name

My Commission Expires: 9/30/08

FEE: \$87.50 per class

