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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Sacritore Line) (Marro)	
(Designed Marie Lea)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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Nativegroundcover



### **COVER LETTER**

Division of Corporations			
SUBJECT: Nativegroundcover			
	(Mark to be registered)		
The enclosed Trademark/Service Mark Application	n, specimens and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Janet Tomlinson. Presi (Name of Person)	dent of Amerigrow Recycling		
Amerigrow Recycling = D (Firm/Company)	elray, Limited Partnership		
10320 West Atlantic Av	enue		
Delray Beach, FL 22446			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Janet Tomlinson	at (561 ) 499-8148		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET/COURIER ADDRESS: Registration Section		
Registration Section Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

TO:

Registration Section

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

## 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

#### PART I

1. (a) Applicant's name: Amerigrow Recycling- Delray , Limited Partnership
(b) Applicant's business address: 10320 West Atlantic Avenue
Delray Beach, FL 33446 City/State/Zip
City/State/Zip
If different, Applicant's mailing address:
a week
City/State/Zip
(c) Applicant's telephone number: (561) 499-8148
☐ Individual ☐ Corporation ☐ Joint Venture ☐ Limited Liability Company
General Partnership Limited Partnership Union Other:
<del></del>
If other than an individual,
(1) Florida registration/document number: <u>B95-00000282</u> (2) Domícile State:
15 7160000
(3) Federal Employer Identification Number: <u>16-1480138</u>
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.)
- N/A
·
(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.)
Wood Mulch
(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
Printed on bags, labels, stationary, business cards,
brochures, flyers, postcards, letters, radio and TV
advertising.
d) The class(es) in which goods or services fall:
#31 - Agricultural Products

(Continued)

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: 5/18/99 \_\_ (b) Date first used in Florida: \_5/18/99 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.) Nativegroundcover **English Translation** 2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " " APART FROM THE MARK AS SHOWN. <u>Janet Tomlinson</u> , 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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further act town the contents thereof and that the facts stated herein are true and correct. Amerigrow Recycling- Delray, Limited Partnership By: Amerigrow Recycling Corp., General Partner Typed or printed name of applicant Applicant's signature (List name and title) STATE OF Florida COUNTY OF Palm Beach On this appeared before me. who is personally known to me whose identity I proved on the basis of Notary Public State of Florida Elizabeth Homsby Hartmann My Commission DD:47221 Expires 06/11/2010 (Seal) My Commission Expires:

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