109000001304

(F	Requestor's Name)
(<i>F</i>	Address)
—————————————————————————————————————	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
b	Office Use Only



400265146914

Renewal

10/15/14--01007--015 **262.50

To9-1304



DEC 15 2014 N. CAUSSEAUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: hygreen

(Name of Mark Registered)

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:

William C. Davell, Esquire

(Name of Person)

May, Meacham & Davell, P.A.

(Firm/Company)

One Financial, Plaza, Suite 2602

(Address)

Fort Lauderdale, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

William C. Davell

at (954

763-6006

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

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 (1/11)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2014

WILLIAM C. DAVELL, ESQUIRE MAY, MEACHAM & DAVELL, P.A. ONE FINANCIAL PLAZA, SUITE 2602 FT. LAUDERDALE, FL 33394

SUBJECT: HYGREEN

Ref. Number: T09000001304

We have received your document for HYGREEN and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

We have taken the liberty of correcting your document by inserting the owner's name in the appropriate place(s). This correction was made in lieu of returning it to you. Please let us know if this is not acceptable.

The specimen you submitted to renew your service mark is not acceptable. We need one permanent specimen. We do not accept camera ready copies or specimens which have been altered or defaced in any manner. To renew your service mark, we need one specimen from which we can determine the service(s) being rendered. We will accept a brochure, newspaper, or magazine advertisement, or a business card; however, we must be able to determine the services you are rendering from your specimen. The specimen must specifically reflect/list the service(s) the mark is being used in connection with. If your mark is registered under more than one class, we need one specimen for each class. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimen(s) to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

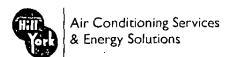
Letter Number: 514A00022117

www.sunbiz.org

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Comporations
Hill York Service Corporation	P.O. Box 6327 C Tallahassee, Ftz 32314
2125 S. Andrews Avenue	5 m
Fort Lauderdale, FL 33316	P.O. Box 6327 Control Tallahassee, Pt. 32314
· · · · · · · · · · · · · · · · · · ·	
1) Mark Registered: hygreen	
2) Registration Number: T0900000130	4
3) Date Filed: <u>12/15/09</u> 4.) Renew	val Date: 10/08/14 5.) Class(es) Filed: 37
	5.071, Florida Statues. Below you must state the mark is still in onuse is not due to any intention to abandon the mark.
The hygreen mark is still	in use in the State of Florida.
8) If applicant is a business entity, enter the	state of incorporation/formation/organization: 216160 Robert W. Lafferty
	Typed or Printed Name of Owner
STATE OF Florida	Owner's Signature Anthonized Person's Signature
COUNTY OF Broward	ℓ
Sworn to and subscribed before me on this9	day of October ,2014, Robert W. Lafferty (Name of Individual Signing)
who is personally known to me whose	identity I proved on the basis of
SIMONE B. SCHIMEK MY COMMISSION & EE 204918 EXPIRES: June 26, 2016	
(Seal)	Notary Public's Signature
Fee: \$87.50 Per Class	Simone B. Schimek
Certificate of Renewal: \$8.75 (Optional) CR2E005 (1/11)	Notary Public's Printed Name

OFFICIAL SPECIMEN



Barrett A. Garrison

HVAC Consultant bgarrison@hillyork.com

2125 S,Andrews Avenue Fort Lauderdale, FL 33316 T: 954.525.2971 Ext. 2212 C: 954.300.8756 F: 954.525.2973

www.hillyork.com

Liebert.

hygræn