

112000001143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

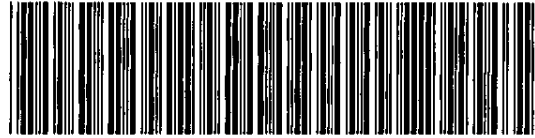
☐ MAIL

(Business Entity Name)

W12-54377

(Document Number)

Certified Copies _____ Certificates of Status _____



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112-1143

10/23/12--01008--003 **87.50

Special Instructions to Filing Officer:

789/747/753/304/
44

Pls print clearly
in Part III. Cannot
~~determine the wording~~
in Part III after
"MHA of Southwest
Florida."

740 / 762 / 6260
Southwest Florida

FILED
12 NOV 27 AM 9:34
TALLAHASSEE, FLORIDA

N. CAUSSEAU
NOV 29 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gollee Gator Children's Initiative
(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:

Petra Jones
(Name of Person)

Mental Health Assoc. of Southwest Florida
(Firm/Company)

2335 9th St. N., Ste 404
(Address)

Naples, FL 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

Petra Jones at (239) 261-5405
(Name of Person) (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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2012

PETRA JONES
MENTAL HEALTH ASSOC. OF SOUTHWEST FLORIDA
2335 9TH STREET NORTH, SUITE 404
NAPLES, FL 34103

SUBJECT: MHA OF SOUTHWEST FLORIDA
Ref. Number: W12000054377

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

You failed to make the correction(s) requested in our previous letter.

The specimens you have submitted are not acceptable. The name and/or design on your specimens are/is not identical to the name and/or design you have listed in Part III of the application. Please submit three specimens that are identical to the name and/or design you listed in Part III.

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 which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We **DO NOT** accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimens 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
Document Specialist Supervisor

Letter Number: 312A00026906



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2012

PETRA JONES
MENTAL HEALTH ASSOC. OF SOUTHWEST FLORIDA
2335 9TH STREET NORTH, SUITE 404
NAPLES, FL 34103

SUBJECT: MHA OF SOUTHWEST FLORIDA
Ref. Number: W12000054377

We have received your document for MHA OF SOUTHWEST FLORIDA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) "44" would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) "44".

In Part I(2)(c) you must state how the mark is being used. If the mark is a trademark, you can cite labels, decals, tags, imprints on goods, etc. If the mark is a service mark, you can cite business cards, newspaper advertisements, TV and radio advertisements, etc.

Please print clearly in Part III 1. of the application, we cannot determine the wording after "MHA OF SOUTHWEST FLORIDA."

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: "SOUTHWEST FLORIDA"

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 which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimens 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
Document Specialist Supervisor

Letter Number: 512A00026123

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

FILED
12 NOV 27 AM 9:33
TALLAHASSEE, FLORIDA

PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name:

Mental Health Assoc. of Southwest Florida

(b) Owner's/Applicant's business address:

2335 9th St. N, Ste 404
Naples FL 34103
City/State/Zip

If different, Owner's/Applicant's mailing address:

City/State/Zip

(c) Owner's/Applicant's telephone number:

239-261-5405

Check the appropriate box to indicate the Owner/Applicant is a(n):

☐ Individual

☒ Corporation

☐ Joint Venture

☐ Limited Liability Company

☐ General Partnership ☐ Limited Partnership

☐ Union

☐ Other:

non-profit

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number:

85-8012626323C-4 749846

(2) Domicile State or Country:

Florida

(3) Federal Employer Identification Number:

23-7057026

2. (a) **SERVICE MARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

Children's mental wellness programs

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, oat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

children's mental wellness programs
labels ~~imprinted on goods~~, brochures, flyers,
website

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

Class # 44

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: _____

(b) Date first used in Florida: 12.1.2008

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

MHA of Southwest Florida - Galle Gator
Children's Initiative. Green Gator in yellow
Sun design
Galle Gator Children's Initiative

Provide the English translation of any and all terms listed #1 above, when applicable: _____

2. DISCLAIMER STATEMENT (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)"

Southwest Florida

_____ "APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

1. Petra Jones

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 acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Petra Jones

Typed or printed name of applicant

[Signature]
Applicant's Signature
(List name and title)

STATE OF

Florida

COUNTY OF

Collier

Sworn to and subscribed before me on this

18

day of

October

2012

Petra Jones

(Name of Individual Signing)

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



[Signature]
Notary Public Signature

OSCAR G. PINEDA
Notary's Printed Name

My Commission Expires:

NOV 9, 2012

FILING FEE: \$87.50 per class

FILED
12 NOV 27 AM 9:34
SEALING UNIT
TALLAHASSEE, FLORIDA



Gollee Gator Children's Initiative

Educating Southwest Florida on Mental Wellness since 1957

Today's children realize that life is not always easy. Pressure to win, to be liked, to get along with your family, or to do well in school may cause a young person to experience stress. The ***Gollee Gator*** Children's Mental Health Initiative addresses the importance of every child's mental wellness. The program is designed to explain and define mental health, teach children to understand their feelings, provide children an introduction to problem solving skills and encourage them to talk with trusted adults.

Gollee Gator will be traveling throughout our region informing children and their parents about Mental Wellness to subside fears and stigmatization. Part of this will include an opportunity for our professional members to speak on such topics as bullying, stress, etc. to convey the message of positive mental health and wellness. Furthermore, ***Gollee Gator*** will distribute information of upcoming events and services available for children and their parents/caretakers.

For more information and topics please contact the Mental Health Association of Southwest Florida at **239/261-5405**.