

T14000001034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

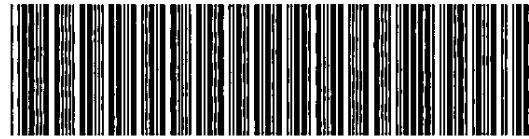
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600264242536

T14-1034

09/22/14--01041--005 **87.50 ✓

FILED
14 SEP 22 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2014
N. CAUSSEAU

ALLEN

DYER

DOPPELT

MILBRATH &

GILCHRIST, P.A.

INTELLECTUAL PROPERTY ATTORNEYS

Herbert L. Allen
Ava K. Doppelt
Stephen D. Milbrath
Brian R. Gilchrist
Christopher F. Regan
David L. Sigalow
Richard K. Warther
Michael W. Taylor
John F. Woodson II
Stephen H. Luther
Jeffrey S. Boyles

Ryan T. Santurri
Robert H. Thornburg
Jack G. Abid
David S. Carus
Justin R. Sauer
Paul J. Ditmyer
Allison R. Imber
Jaafar Choufani
Gie W. Yoon*
Matthew G. McKinney
*admitted in New York

aimber@adding.com

September 19, 2014

Via Federal Express

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


Re: Application for Registration of Trademark **ORLANDO FAMILY DENTAL**
Our File No. 122620

Dear Registration Section:

Enclosed, please find the original executed application for the above mark, along with a check for the filing fee of \$87.50 and a specimen demonstrating use.

Please feel free to contact me should you have any questions.

Best regards,


Allison R. Imber

ARI/mr
Enclosures

Orlando Office (Main)
255 South Orange Ave.
Suite 1401
Orlando, FL 32801
Mail To: P.O. Box 3791
Orlando, FL 32802-3791

tel: 407-841-2330
fax: 407-841-2343

Winter Springs Office
1135 E. State Road 434, Suite 3001
Winter Springs, FL 32708
tel: 407-796-5051 fax: 407-796-5065

Melbourne Office
4450 W. Eau Gallie Blvd., Suite 100
Melbourne, FL 32934
tel: 321-622-8651 fax: 321-622-8652

Jacksonville Office*
4720 Salisbury Road
Jacksonville, FL 32256
tel: 904-398-7000 fax: 904-398-7003

Tampa Office*
2202 N. West Shore Blvd., Suite 200
Tampa, FL 33607
tel: 813-639-4222 fax: 407-841-2343
*Satellite Office

Miami Office
1221 Brickell Ave., Suite 2400
Miami, FL 33131
tel: 305-374-8303 fax: 305-374-8306



www.addmg.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO FAMILY DENTAL

(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:

Allison R. Imber

(Name of Person)

Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.

(Firm/Company)

255 S. Orange Avenue, Ste. 1400

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison R. Imber

(Name of Person)

at (407) 841-2330

(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.)

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

FILED
14 SEP 22 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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: Orlando Family Dental, LLC

(b) Owner's/Applicant's business address: 3300 S. Hiawassee Road, Ste. 101
Orlando, Florida 32835
City/State/Zip

If different, Owner's/Applicant's mailing address: _____
City/State/Zip

(c) Owner's/Applicant's telephone number: 407 295-9096

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: _____

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: L07000034359 ✓
(2) Domicile State or Country: Florida
(3) Federal Employer Identification Number: 203232694

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.)

Dental services and practice

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, cat 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:

Website, phone book advertisement, Bishop Moore advertisements, magazine, business cards, brochures, mailers.

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: March 29, 2007

(b) Date first used in Florida: March 29, 2007

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.)

ORLANDO FAMILY DENTAL

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

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) "FAMILY" ; "DENTAL"

"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:

I, Raul Castano, 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.

Raul Castano
Typed or printed name of applicant

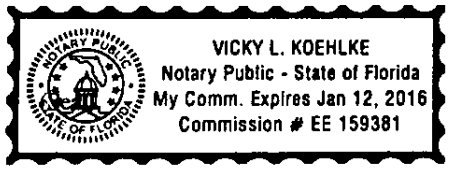
[Signature]
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Orange

Sworn to and subscribed before me on this 17th day of September 2014, Raul A. Castano
(Name of Individual Signing)

who is personally known to me whose identity I proved on the basis of FL DL
235721672480



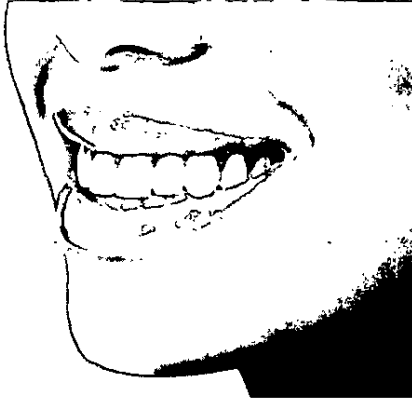
Vicky L. Koehlke
Notary Public Signature
Vicky L. Koehlke
Notary's Printed Name

My Commission Expires: Jan. 12, 2016

FILING FEE: \$87.50 per class

FILED
14 SEP 22 PM 12:01
TALLAHASSEE, FLORIDA

Call Now: 1-407-295-9096
One Stop for all your dental needs



Surgery

Extractions are necessary for many different reasons. The most common symptoms that necessitate extractions include abscess, infection, and overcrowding.

Read More

Search for articles on the site: Enter keywords here

Search

Zoom Whitening



Whiten by Zoom whitening. Zoom whitening is the best way you feel better about yourself and make a remarkable impression.

Prophylaxis



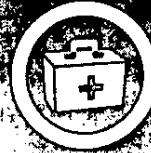
Prophylaxis removes plaque and tartar from the teeth. This will make the gums and teeth healthier.

Fluoride



Fluoride can prevent cavities and help to reduce the risk of tooth decay. Fluoride can be used for children and adults.

Surgery



Our procedures are fast, accurate and safe. New dental equipment and services in the state of the art technology.

Invisalign

Can Invisalign® Help You?

Click here to find out!



Uses a series of clear aligners that are custom-molded to fit you. The virtually invisible aligners gradually reposition your teeth into a smile you'll be proud of.

Read More

Advanced Dentistry



One of the benefits of our office is that you can find experts in advanced dental procedures like implants, surgery and endodontics, as well as general dentistry.

Read More

Family Dental



Good dental health begins in early years. We encourage you to bring your children to our office for early check-ups.

Read More

Contact Us

Orlando Family Dental
3300 S HIAWASSEE RD
101 Orlando, FL 32835
Orlando
Office 1-407-295-9096
Fax: 1-407-295-8118

orlandofamilydental.com