

T15000000243

(Requestor's Name)

W14-35294

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

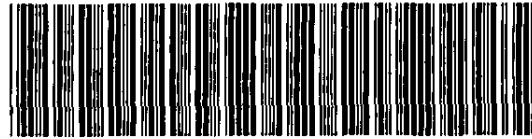
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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3/5/15 OK for me
to correct services
in part I 2. (a)
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Office Use Only



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06/05/14--01008--025 **87.50

T15-243

FILED
15 MAR -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR -5 2015
N. CAUSSEAU



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2014

HAITIAN AMERICAN NURSES ASSOC. OF FLORIDA INC.
ATTN: MARJORIE LOZAMA, PRES.
P.O. BOX 695069
MIAMI, FL 33269

SUBJECT: HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC. &
INITIALS "HANA" & SLOGAN "CARING FOR THE COMMUNITY" & DESIGN OF
A FLORENCE NIGHTINGALE LAMP ENCLOSED IN A TRIANGLE
Ref. Number: W14000035294

We have received your document for HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC. & INITIALS "HANA" & SLOGAN "CARING FOR THE COMMUNITY" & DESIGN OF A FLORENCE NIGHTINGALE LAMP ENCLOSED IN A TRIANGLE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are unable to determine your class(es) at this time. Please amend your application to reflect the specific good(s) and/or service(s) the mark is being used in connection with.

Because the specific good(s) and/or service(s) will determine the applicable class(es), please note additional filing fees may be due this office. If so, you will be advised accordingly.

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

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

Please be aware depending on the services and the products that you have, your mark will fall under more than one class and additional fees will be due this office. FURTHER INSTRUCTIONS CONTINUED ON PAGE TWO

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

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: 414A00012237



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2014

HAITIAN AMERICAN NURSES ASSOC. OF FLORIDA INC.
ATTN: MARJORIE LOZAMA, PRES.
P.O. BOX 695069
MIAMI, FL 33269

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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 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 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.

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
Regulatory Specialist II Supervisor

Letter Number: 414A00012238



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2015

HAITIAN AMERICAN NURSES ASSOC. OF FLORIDA INC.
ATTN: MARJORIE LOZAMA, PRES.
1940 S.W. 129TH TERRACE
MIRAMAR, FL 33027

SUBJECT: HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC. &
INITIALS "HANA" & SLOGAN "CARING FOR THE COMMUNITY" & DESIGN OF
A FLORENCE NIGHTINGALE LAMP ENCLOSED IN A TRIANGLE
Ref. Number: W14000035294

We have received your document for HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC. & INITIALS "HANA" & SLOGAN "CARING FOR THE COMMUNITY" & DESIGN OF A FLORENCE NIGHTINGALE LAMP ENCLOSED IN A TRIANGLE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Per our conversation, you failed to return the original application with the corrections requested in our letter of June 6, 2014. We are providing you with a copy of our letter (PAGE ONE & TWO) along with a copy of your application.

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: 615A00001013

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

15 MAR -3 PM 1:01
FILED
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: Haitian American Nurses Association of Florida, Inc

(h) Owner's/Applicant's business address: 666 NE 125th Street, Suite 238
Miami, FL 33161

City/State/Zip

If different, Owner's/Applicant's mailing address: P. O. Box 695069
Miami, FL 33269

City/State/Zip

(c) Owner's/Applicant's telephone number: 305, 609-7498

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: EIN# 592463138 N05724

(2) Domicile State or Country: United States

(3) Federal Employer Identification Number: 59-2463138

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.)

Non Profit 501C3 organization; Volunteer base

Community Outreach Education → Health Fairs, Conventions, Gala
Fundraising Activities Such as Picnic, Cultural events, Seminars
Educational services providing on Health
issue by

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.)

_____ marketing materials, pins _____
_____ _____
_____ _____
_____ _____

Association
page
100

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:

Business cards; brochures; flyers; newsletter; gala booklets; website; social media

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:

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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: 2009

(b) Date first used in Florida: 1984 April 1984

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.)

Haitian American Nurses Association of Florida, Inc

HANA

Logo is the Florence Nightingale lamp enclosed in a triangle

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)

of Florida, "Haitian", "American", "Nurses", "Association" "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 1 #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, Marjorie Lozama

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 mythe 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.

Marjorie Lozama, President

Typed or printed name of applicant

Marjorie Lozama
Applicant's signature
(Last name and title)

STATE OF Florida

COUNTY OF Manatee

Sworn to and subscribed before me on this 2nd day of June 2014 Marjorie Lozama
(Name of Individual Signing)

FILED
15 MAR -3 PH 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

who is personally known to me whose identity I proved on the basis of _____

NOTARY PUBLIC-STATE OF FLORIDA
Land E. Daudin
Commission # EE030633
Expires: SEP. 29, 2014
BONDED BY THE ATLANTIC BONDING CO., INC.

Land E. Daudin
Notary Public Signature
LAND E DAUDIN
Notary's Printed Name

My Commission Expires: _____

FILING FEE: \$87.50 per class

OFFICIAL SPECIMEN

Marjorie Lozama, RN, MSNEd, CDMS
President

666 NE 125th Street, Suite 238
North Miami, FL 33161
Tel - 305-609-7498
Cell - 954-812-1070
Email - info@hanoofflorida.org



H.A.N.A.

Hawaiian American Nurses Association of Florida, Inc.

P.O. Box 495668, Miami, Florida 33268

WWW.HANAOFFLORIDA.ORG