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JUN 24 2015 N. CAUSSEAUX **COVER LETTER**

TI5-69.7

TO:	Registration Section
, '	Division of Corporations

SUBJECT: AGELESS TRANSFORMATIONS

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shino Bay Cometic Dermatogy

(Firm/Company)

350 E. Las Olas Blvd, S-110

(Address)

Ft. Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (954) 849-0662 (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

June 4, 2015

RICHARD GOREN SHINO BAY COSMETIC DERMATOLOGY 350 E. LAS OLAS BLVD., SUITE 110 FT. LAUDERDALE, FL 33301

SUBJECT: AGELESS TRANSFORMATIONS

Ref. Number: W15000039127

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

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

There is a balance due of \$87.50.

Class(es) "35 & 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) "35 & 44".

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.

Letter Number: 415A00011745

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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

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

PART I

 OWNER/APPLICANT: Enter the name and address of the inc and/or Service Mark on the records of the Florida Department of St 	lividual or the business ate.	entity to be listed as the owner of the Trademark
(a) Owner's/Applicant's name: Shino Bay	cometic 1	Dermatology Elaser Inst
(b) Owner's/Applicant's business address: 350 E.		Blvd, Sixte 110-120
tt. Lauc	terdale libre	FL 33301 State/Zip
If different, Owner's/Applicant's mailing address:		
	City/S	State/Zip
(c) Owner's/Applicant's telephone number: (154- 5	149-066	<u> </u>
Check the appropriate box to indicate the Owner/Applicant is a(n)	:	,
☐ Individual ☐ Corporation	□Joint Venture	imited Liability Company
☐ General Partnership ☐ Limited Partnership	□Union	Other:
If the Owner/Applicant is a business entity, the business entity must of State. If the Owner/Applicant is not an individual, enter the bacountry under the laws of which the business entity is currently employer identification number (EIN) in #3.	usiness entity's Florida	a registration/document number in #1, the state or
(1) Florida registration/document number:		
(2) Domicile State or Country:	, <u> </u>	
(3) Federal Employer Identification Number: 20 -	2978191	<u> </u>
2. (a) <u>SERVICE MARK</u> : If the owner/applicant is using the name service, the mark is a service mark. If the mark is a service mark used in connection with. For example: furniture moving service tractor equipment, etc. If the owner/applicant is using the mark to being rendered here:	k, the applicant/owner es, diager services, hou	must list the specific service(s) the mark is being use painting services, wholesale and retail sales of
(Note: List only those services currently being rendered by the ow	ner/applicant. Do not	include future services.)
Cosmelic Dermatchqu Servi	ces, Come	tic Lasers, Treatments
Injectables, Skin Care Prod	luct sales	
Care Treatments and 50	ales Plasti	c Surgery

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:
Unline, website, direct mails Internet, Garge, Signage, pamphlets, TV, Commercials, Styers, Videos on-line and in office
TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore 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) <u>FEE(S) AND CLASS(ES)</u> : 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:

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: 2/16/2008
PART HI
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.)
AGELESS TRANSFORMATIONS
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)"
"ADADT FROM THE MADY ACCHOWN

3. ATTACH OR INCLUDE THREE SPECIMENS' OR EX'AMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

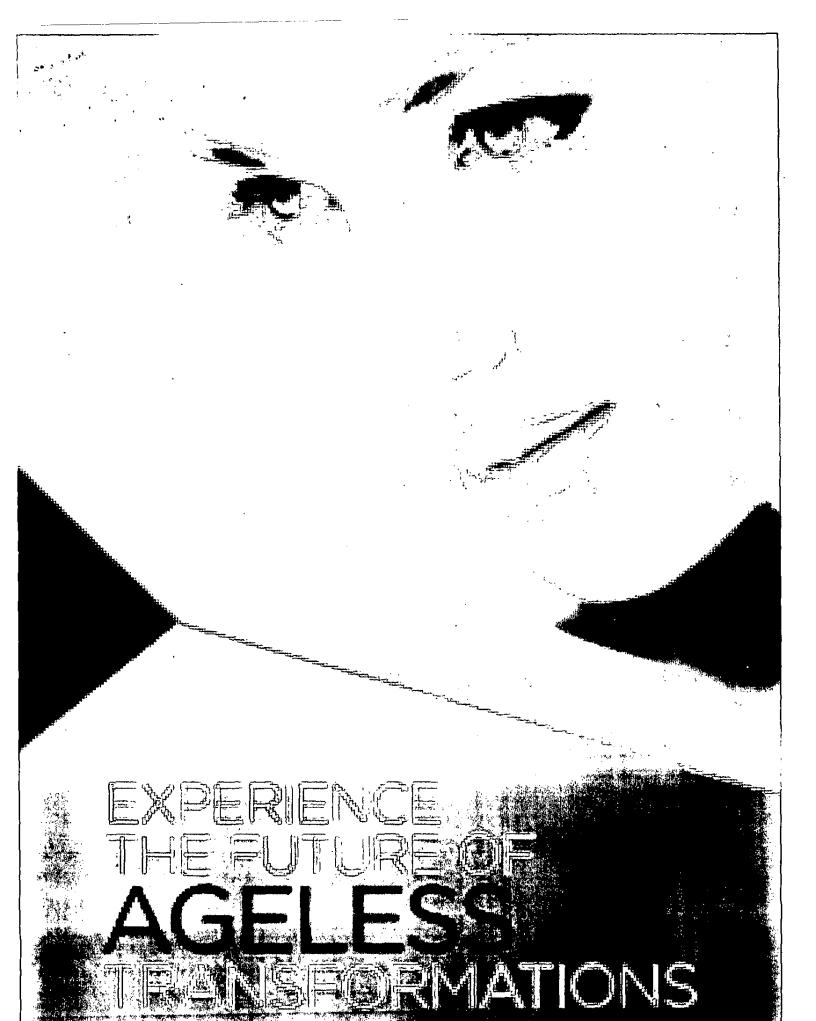
Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. 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:
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.
Buchar Form
Typed or printed name of applicant
Applicant's signature (List name and title)
STATE OF Florida (List name and title)
COUNTY OF Broward
Sworn to and subscribed before me on this 2015 day of May 2015, Richard Goren (Name of Individual Signing)
who is personally known to me • whose identity I proved on the basis of
Sant Trales
(Seal)
Notary's Printed Name
·
LEE D. NELSON My Commission Expires: 2-24-2019
Commission # FF 195130 My Comm. Expires Feb 24, 2019 FILING FEE: \$87.50 per class

Ronderl through National Notary Assir









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TRANSFORMATIONS



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66 ... I was thrilled by not only Dr. Aquilera's expertise, but also his caring attitude and attention to the finest details , the results were spectacular! 99 104

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> "BEST Non-Surgical Facial Enhancement" for the second year in a row.



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