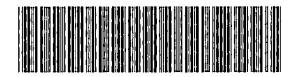
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(Requestor's Name)				
(Address)				
(Address)				
(/1001033)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Triple Crown Wealth Finance			
2.01/1/2		(Name of Ma	ark Registered)	
Dear Sir or N	Madam:			
The enclosed	l Mark Renewal Applicat	ion, specime	n and fee(s) are submitted for filing.	
Please return	all correspondence conce	erning this m	atter to the following:	
Lea Smith Jo	hnson			
	(Name of Person)		
Triple Crown	Wealth Finance			
	(Firm/Company)	,		
4515 Barracu	da Drive			
	(Address)			
Bradenton, F	1. 34208			
	(City/State and Zip Co	ode)		
For further in	nformation concerning thi	is matter, ple	ase call:	
Lea Smith Jo	hnson	941 at (462-2731	
	(Name of Person)	(Area	Code & Daytime Telephone Number)	
Registration Division of C The Centre of 2415 N. Mon	OURIER ADDRESS: Section Corporations of Tallahassee nroe Street, Suite 810 Florida 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
		FILING	C FFF: \$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 (1/20)

11/4

TO:

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations
Lea Smith Johnson	P.O. Box 6327 Tallahassee, FL 32314
4515 Barracuda, Bradenton, FL 34208	1) Mark Registered: Triple Crown Wealth Finance Trademark 7.15000001203
	Irade Mark 7.15000001203
	07/688 Inderack No. 715000001203
3) Date Filed: 4/18/2016 4.) Ren	newal Date: 11/20/2020 5.) Class(es) Filed: 0035 and 0036
in Florida or state the reason for its nor	495.071. Florida Statues. Below you must state the mark is still in use nuse is not due to any intention to abandon the mark.
7) If the mark is still in use, a specimen sh	howing actual use of the mark is included with this application.
8) If applicant is a business entity, enter the	he state of incorporation/formation/organization: Florida
	Lea Smith Johnson
Fee: \$87.50 Per Class Certificate of Renewal: \$8.75	Typed or Printed Name of Owner
(Optional)	
	Owner's Signature or Authorized Person's Signature
TATE OF FLORIDA COUNTY OF Sarasota	
worn to (or affirmed) and subscribed before a numeric date) this 15 day of No	
numeric date	month year name of person making statemer:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A lucy As I uso
Notary Public State of Florida Whitney Dru Johnson My Commission GG 926306	Notary Public's Signature
**************************************	Whitney Dru Johnson
	Notary Public's Printed Name
ersonally Known 🗸 OR Produced Identifica	ation \[\begin{align*} \text{Size } \\
· <u> </u>	ation License
R2E005 (1/20)	



Lea Smith Johnson* MBA, RFC, FIC, CFP* Financial Advisor, Principal

3970 SR 64 E Bradenton, FL 34208 www.triplecrownadvisor.com

Telephone; 941,462-2734 Fav: 941,755,9717 Ismithjohnson a Iscadytsor com