



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2019

JENNIFER CAMPBELL
WORKFORCE DEVELOPMENT BOARD OF FLAGLER &
329 BILL FRANCE BLVD.
DAYTONA BEACH, FL 32114

SUBJECT: THE FOUR TRIANGLES AND THE #4 REPRESENT THE PARTNERS COVERED: BUSINESS, WORKFORCE DEVELOPMENT, EDUCATION & ECONOMIC DEVELOPMENT.
Ref. Number: W19000044082

We have received your document for THE FOUR TRIANGLES AND THE #4 REPRESENT THE PARTNERS COVERED: BUSINESS, WORKFORCE DEVELOPMENT, EDUCATION & ECONOMIC DEVELOPMENT., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$87.50.

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.

PART III must be printed or typed to insure proper filing.

If the mark includes a logo or design, a brief written description must be provided. In this description, we do not need an explanation of what the logo or design symbolizes or represents.

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: ALLIANCE, #4, BUSINESS, WORKFORCE, DEVELOPMENT, EDUCATION & ECONOMIC

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 119A00009089

COVER LETTER

TO: Registration Section
Division of Corporations



SUBJECT: _____

(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:

Attn: Jennifer Campbell

(Name of Person)

Workforce Development Board of Flagler and Volusia Counties, Inc.

(Firm/Company)

329 Bill France Blvd.

(Address)

Daytona Beach, FL 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Campbell

(Name of Person)

at (**386**) **323-7095**

(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

FILE
9 JUN 17 PM
STATE OF FLORIDA
TALLAHASSEE, FL

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: Workforce Development Board of Flagler and Volusia Counties, Inc.

(b) Owner's/Applicant's business address: 329 Bill France Blvd.

If different, Owner's/Applicant's mailing address: Daytona Beach, FL 32114
City/State/Zip

(c) Owner's/Applicant's telephone number: 386) 323-7095
City/State/Zip

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: N96000003581

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 59-3391587

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.)

Operating the career center for Flagler and Volusia Counties under the Workforce Innovation and Opportunity Act and the Welfare Transition Program to provide job training and support services to eligible participants and businesses.

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.)

N/A

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19 JUN 17 PM 7:39
TALLAHASSEE FLORIDA

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

Brochures, pamphlets, flyers, pull up banners, letterhead and power point presentations.

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:

N/A

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:

45 Personal and social services rendered by others to meet the needs of individuals.

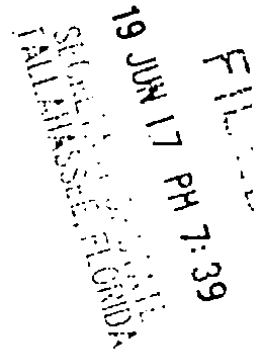
PART II

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: N/A

(b) Date first used in Florida: February 22, 2019



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.)

In the upper left hand positioned above the first A in the word Alliance are four colorful triangles .

The word Alliance is spelled with both As in the form of a right triangle. In the upper left positioned above the letter e in the word Alliance is the number 4.

The tag line is Business, Workforce Development, Economic Development and Education.

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) The number 4, Alliance, Workforce Development, Economic Development "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 specimen 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 specimen are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, _____, 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.

Robin R. King

Typed or printed name of applicant

Robin King

Applicant's signature
(List name and title)

FILED
19 JUN 17 PM 7:39
NOTARY PUBLIC STATE OF FLORIDA

STATE OF Florida

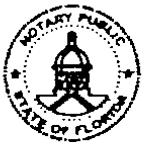
COUNTY OF Volusia

Sworn to and subscribed before me on this 13th day of June, 192023. Jennifer Gosling
(Name of Individual Signing)

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

Jennifer Gosling
Notary Public Signature
Jennifer Gosling
Notary's Printed Name

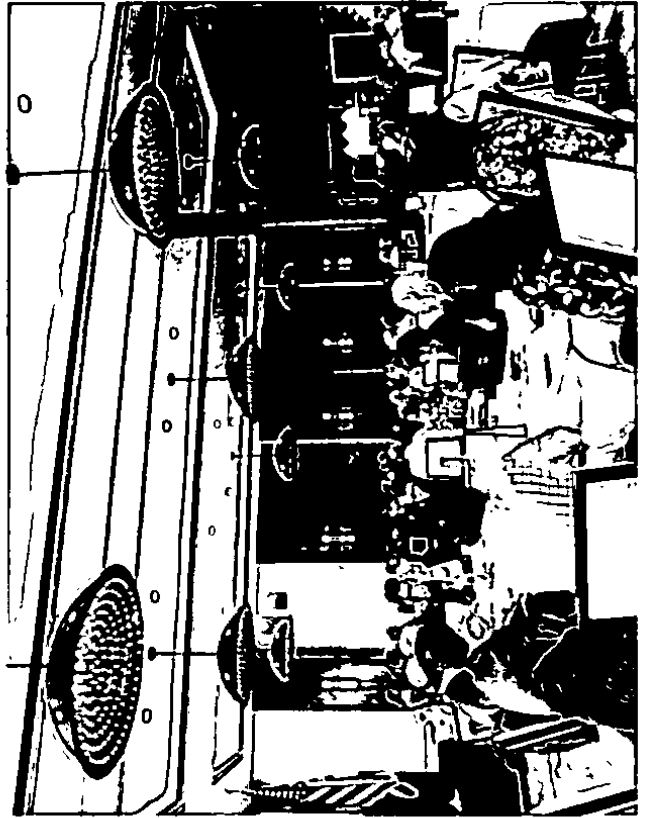
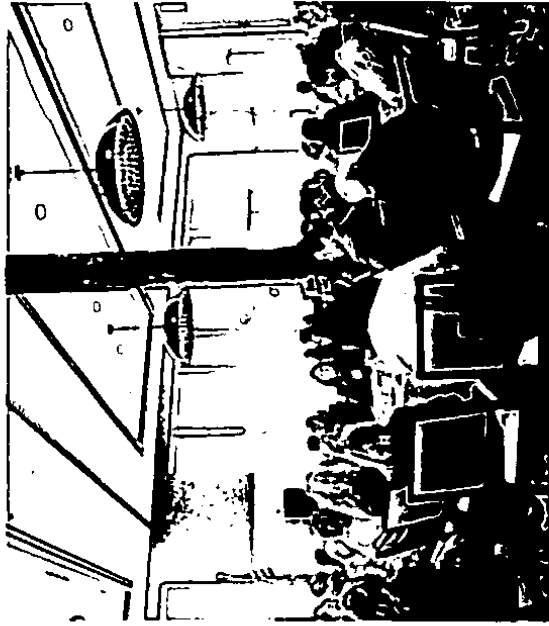
(Seal)




Jennifer Gosling
Notary Public, State of Florida
My Comm. Expires 1/18/2023
Commission No. GG278027

My Commission Expires: 1/18/2023

FILING FEE: \$87.50 per class



 ALLIANCE⁴

Feb 22, 2019

attract
+
develop
+
retain talent

building solutions

STRONGER
TOGETHER

ALLIANCE⁴

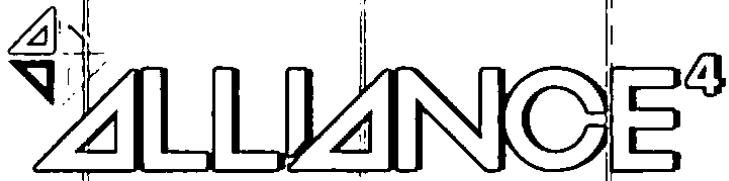
BUSINESS • WORKFORCE DEVELOPMENT
ECONOMIC DEVELOPMENT • EDUCATION

For sponsorship opportunities and information

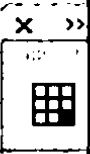
Contact Ann Lesizza

annesizza@careersourceiv.com | 386.323.7092

SPONSORSHIP OPPORTUNITIES



BUSINESS ◁ WORKFORCE DEVELOPMENT
ECONOMIC DEVELOPMENT ◁ EDUCATION



building
solutions

attract



develop

retain talent

STRONGER
TOGETHER