

# T96000000421

Alcira M. Hernandez  
Requestor's Name

540 W Mashta Drive  
Address

Key Biscayne FL 33149  
City/State/Zip      Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **788881724367**  
-02/26/96--01110--004  
\*\*\*\*\*87.50 \*\*\*\*\*81.50
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

96 APR 11 AM 9:35  
 SECRET  
 TALLAH  
 FILED

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other <u>3/6/97</u> <u>dec</u>

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Acknowledgment      DCC
<input type="checkbox"/>	W. P. Verifier      DCC

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

T96000000421

T960000004986

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 6, 1996

ALCIRA M. HERNANDEZ  
540 W. MASHTA DRAIVE  
KEY BISCAVNE, FL 33149

SUBJECT: MATILDA'S  
Ref. Number: W96000004986

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

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.

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

You must tell us what type of food product you have in section 2 (b).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 696A00009986



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 21, 1996

ALCIRA M. HERNANDEZ  
540 W. MASHTA DRAIVE  
KEY BISCAYNE, FL 33149

SUBJECT: MATILDA'S KITCHEN & DESIGN  
Ref. Number: W96000004986

We have received your document for MATILDA'S KITCHEN & DESIGN and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of first use must be prior to the filing of this application. You must be selling it in the market place before we can file it. Therefore, you will need to change the date from May 1, 1996 or wait until May 1st to file it.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 896A00012981

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Name & address to whom acknowledgement should be sent:

Alcira M. Hernandez

540 West Mashta Drive

Key Biscayne, FL 33149

( 305 ) 361.3648  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: MASHTA COVE, Inc.

(b) Applicant's business address: 540 West Mashta Drive

Key Biscayne, FL 33149

City/State/Zip

305 361.3648

(c) Applicant's telephone number: ( )

Individual

Corporation

Joint Venture

Other: \_\_\_\_\_

General Partnership

Limited Partnership

Union

If other than an individual,

(1) Florida registration number: P96000008488

(2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-0638053 (Issued by phone on Feb. 6, 1996)

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

N/A

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

Food Products, specifically: Eggplant in Olive Oil

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)  
Labels

(Continued)

SECRETARY OF STATE  
96 APR 17 AM 9:15  
FILED  
TALLAHASSEE, FL



EGGPLANT IN  
OLIVE OIL

NET WT 9 OZ (255G)

(d) The class(e) in which goods or services fall:

29

PART II

1. Date first used by the applicant, predecessor, or a related company(must include month, day and year):

(a) Date first used anywhere: April 1, 1996 (b) Date first used in Florida: April 1, 1996

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

"MATILDA'S Kitchen," This mark appears superimposed over the profile of an eggplant with a chef's cap appearing to left of this mark.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

Matilda's Kitchen " APART FROM THE MARK AS SHOWN.

Alcira M. Hernandez, as President of Mashta Cove, Inc.

I, Alcira M. Hernandez, 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 no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. 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.

Mashta Cove, Inc.

Typed or printed name of applicant

Alcira Hernandez, as President

Applicant's signature or authorized person's signature (List name and title)

STATE OF Florida

COUNTY OF Dade

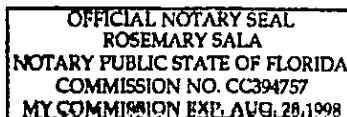
On this 13 day of February, 1996, Alcira M. Hernandez personally appeared before me,

- [X] who is personally known to me
[ ] whose identity I proved on the basis of

Rosemary Sala
Notary Public Signature

ROSEMARY SALA

Notary's Printed Name



Seal

My Commission Expires: