

T98000001375 Charter Number Only

VALIDATION ONLY

11-3-98

NATIONAL Automated Bookkeeper
Requestor's Name

2809 Bird Ave. #124
Address

Coconut Grove FL 33133
City State ZIP Phone

387-6889 A

CORPORATION(S) NAME

000002679750--6
-11/04/98--01003--006
*****87.50 *****87.50

Leewood Estates



Empire Toll Free: 1-800-432-3028

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -8 PM 1:03

RECEIVED
DIVISION OF CORPORATION
98 NOV -4 PM 9:10

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Pick Up
- Merger
- Mark
- Other SERVICE MARK
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

Weg-25012

Name	
Availability	
Document	
Examiner	Dec
Updater	Dec
Verifier	Dec
Acknowledgment	Dec
W.P. Verifier	Dec

T98000001375



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 4, 1998

EMPIRE

TALLAHASSEE, FL

SUBJECT: LEEWOOD ESTATES
Ref. Number: W98000025012

We have received your document for LEEWOOD ESTATES and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or 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.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 898A00053778

Florida Department of State, Jim Smith, 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 and address to whom acknowledgement should be sent:

LEEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.
10025 S.W. 124 STREET

MIAMI, FLORIDA 33176

(305) 378-6851

Applicant's phone number

PART I

1. (a) Applicant's name: LEEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.
 (b) Applicant's business address: 10025 S.W. 124 STREET
MIAMI, FLORIDA 33176

- () individual (x) corporation of the State of FLORIDA
 () general partnership () limited partnership of the State of _____

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:

THE SERVICES OF A GROUP OF HOMEOWNERS WHO WANT

IDENTIFIED BY THIER LOCATION.

- (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:

- (c) The mode or manner in which the mark is used:

TO IDENTIFY AN AREA IN WHICH A HOMEOWNERS ASSOCIATION IS LOCATED

- (d) The class(es) in which goods or services fall:
MISCELLANEOUS (class 42)

PART II

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

(a) Date first used anywhere: DEC 1994

(b) Date first used in Florida: DEC 1994

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC - 11 - 94
11:03

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.) LEEWOOD ESTATES

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM
LEEWOOD, ESTATES
" _____ " APART FROM
THE MARK AS SHOWN.

I, BRIAN MATLIN, 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.

BRIAN MATLIN

V.P.

Typed or printed name of applicant

[Signature]

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


Subscribed and sworn to before me this 3rd day of NOVEMBER, 19 98.

(Notary Seal)

[Signature]

Signature of Notary Public

My Commission Expires:

	GEMMA SOLOZABAL Notary Public, State of Florida My Comm. Exp. May. 25, 2000 Commission No. CC556437
---	--

FEE: \$87.50 per class



LEEWOOD ESTATES
united together for a common goal

Brian Matlin, Treasurer

10025 SW 124 Street
Miami, FL 33176

Tel: (305)378-6851
Fax: (305)378-6856