

70600000/315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

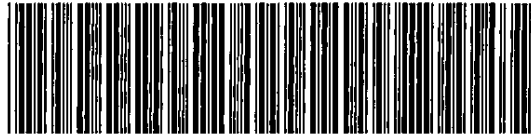
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AAii Landscape Design  
(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:

Todd Kimelman  
(Name of Person)

(Firm/Company)

6615 W Boynton Bch Blvd, #309  
(Address)

Boynton Bch Fl. 33437.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Kimelman at ( 561 ) 441-2867  
(Name of Person) (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

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 acknowledgment should be sent:

Todd Kimelman

6615 W Boynton Bch Blvd. #309

Boynton Bch FL 33437

(561) 441-2867

Daytime Telephone number

Todd Kimelman PART I

1. (a) Applicant's name:

% AAii Landscape Design

(b) Applicant's business address:

6615 W Boynton Bch Blvd #309

Boynton Bch FL 33437

City/State/Zip

If different, Applicant's mailing address:

City/State/Zip

(c) Applicant's telephone number:

(561) 441-2867

☒ Individual

☐ Corporation

☐ Joint Venture

☐ Other:

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration/document number:

N/A

(2) Domicile State:

N/A

(3) Federal Employer Identification Number:

N/A

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.)

landscape Services

(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.)

N/A

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

Brochures, Sales, Advertisement, Business CARds

(Continued)

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

Class 42

## 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: June 9, 2006 (b) Date first used in Florida: June 9, 2006

## 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.)

AAii° overlapped word LANDSCAPE with line of Blade grass under,  
Plant on Right Side, word DESIGN Below.

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "LANDSCAPE, DESIGN"  
"APART FROM THE MARK AS SHOWN."

I, Todd Kimelman, 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

AAii° LANDSCAPE DESIGN

Typed or printed name of applicant

Todd Kimelman owner

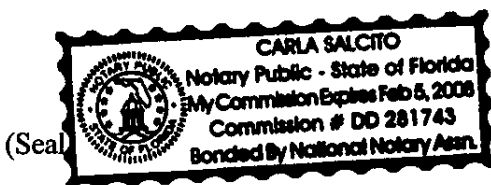
Applicant's signature  
(List name and title)

STATE OF Florida

COUNTY OF Palm Beach

On this 5<sup>th</sup> day of October, 2006, Todd Kimelman personally appeared before me,

☐ who is personally known to me ☒ whose identity I proved on the basis of Florida Drivers License



Carla Salcito

Notary Public Signature

Carla Salcito

Notary's Printed Name

My Commission Expires: 2/5/08

FEE: \$87.50 per class

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06 OCT 11 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PALM BCH 561-243-1065



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