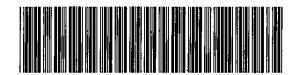
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special-instructions for Hing Officer:
SUTHORIZATION BY PHONE TO
EXPRECT # 2(a)
MTE FYAM POLIT
W07-61802

Office Use Only



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December 24, 2007

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THE SHADE FACTORY, INC. 4248 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33409

SUBJECT: THE SHADE FACTORY Ref. Number: W07000061802

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

Because you indicate the owner of the mark is the Florida corporation THE SHADE FACTORY, INC., document number P01000111942, we have amended the name of the applicant listed in #1(a) to read THE SHADE FACTORY, INC.

The services being rendered fall under two classes - 35 and 37. We have amended your application accordingly.

The fee(s) due in accordance with section 495.191, F.S., is/are as follows: 1.) Application filing fee: \$87.50 per class; (2) Renewal application fee: \$87.50 per class; (3) Assignment filing fee: \$50 per class; (4) Certificate of name change filing fee: \$50; (5) Voluntary cancellation filing fee: \$50; (6) Certificate of registration under seal: \$8.75; and (7) Certified copy of application file: \$52.50.

The total amount due is \$175.00.

There is a balance due of \$87.50.

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) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 507A00071431

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

PART I

FARTI
1. (a) Applicant's name: The Shade Factory, Inc.
(b) Applicant's business address: 4248 OKeechobce Blvd
West Palm Beach FL 33409 = 35
City/State/Zip 2 7
If different, Applicant's mailing address:
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City/State/Zip SA
(c) Applicant's telephone number: (56) 242-7701 55 25
☐ Individual ☐ Corporation ☐ Joint Venture ☐ Limited Liability Company ☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other:
If other than an individual, (1) Florida registration/document number: P01000111942 (2) Domicile State: Horida
(3) Federal Employer Identification Number: 65-1157198
 (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.)
Retail sales of Hinds, shades
and shutters.
(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.)
(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspadvertisements, brochures, etc.)
Newspaper, magazine, brochure, website, TV Advertising, Yellow Pages.
d) The class(es) in which goods or services fall:
(Continued)

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: 03/21/02 (b) Date first used in Florida: 03/21/02
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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.)
The Shade Factory
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English Translation
2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Shade
" APART FROM THE MARK AS SHOWN.
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. Cut Be(inde) Typed or printed name of applicant
STATE OF Flor (Da (List name and title)
country of Palmbeach.
On this 14 day of DC , 207,
who is personally known to me whose identity I proved on the basis of F
(Seal) ZACK RAHMAN Notary Public, State of Florida My comm. expires Aug. 25, 2009 No. DD466028
Notary's Printed Name
My Commission Expires:

FILING FEE: \$87.50 per class

WhiteweWhitewe (1269)

