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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

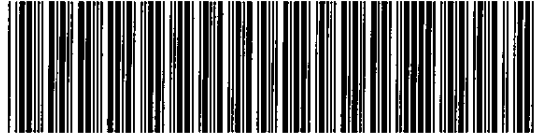
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108-381

03/11/08--01021--031 **175.00

WD8-13376

FILED
08 MAR 31 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

MAR 31 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHADE SYSTEMS

(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:

John H. Friedhoff, Esq.

(Name of Person)

Fowler White Burnett P.A.

(Firm/Company)

1395 Brickell Ave., 14th Floor

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

John H. Friedhoff

(Name of Person)

at (305) 789 - 9240

(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.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2008

JOHN H. FRIEDHOFF, ESQUIRE
FOWLER, WHITE, BURNETT P.A.
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131

SUBJECT: SHADE SYSTEMS
Ref. Number: W08000013376

We have received your document for SHADE SYSTEMS and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (22) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (22).

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: "SYSTEMS"

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) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 708A00015459

FOWLER WHITE
ATTORNEYS AT LAW
BURNETT

MIAMI • FORT LAUDERDALE • WEST PALM BEACH • ST. PETERSBURG

ESPIRITO SANTO PLAZA
FOURTEENTH FLOOR
1395 BRICKELL AVENUE
MIAMI, FLORIDA 33131
TELEPHONE (305) 789-9200
FACSIMILE (305) 789-9201

WWW.FOWLER-WHITE.COM

DANIEL J. FRANK
DIRECT PHONE NO.: (305) 789-9225
DIRECT FACSIMILE NO.: (305) 728-7525
DFRANK@FOWLER-WHITE.COM

March 27, 2008

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA FEDERAL EXPRESS

Attn: Ms. Nannette Causseaux

RE: Shade Systems, Inc.
Mark to be Registered: **SHADE SYSTEMS**
Ref. No. W08000013376
Our File No. 69952

Dear Ms. Causseaux:

Enclosed please find an amended Application for the Registration of the above Trade Mark pursuant to your letter of March 13, 2008 requesting certain changes. We have subsequently deleted class 6 and disclaimed the word "SYSTEMS" in Part III, per your instructions.

Kindly forward any refund for overpayment to our attention and make such check payable to Shade Systems, Inc.

Thank you and feel free to contact me with any questions.

Very truly yours,

FOWLER WHITE BURNETT P.A.



Daniel J. Frank

Enclosures

cc: John H. Friedhoff, Esq.
Cort Neimark, Esq.

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FILED
08 MAR 31 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. (a) Applicant's name: Shade Systems, Inc.
- (b) Applicant's business address: 4150 SW 19 Street
Ocala, FL 34474
City/State/Zip

If different, Applicant's mailing address: _____
City/State/Zip

- (c) Applicant's telephone number: (352) 237 - 0135
- ☐ Individual ☒ Corporation ☐ Joint Venture ☐ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If other than an individual,

- (1) Florida registration/document number: P03000006734 (2) Domicile State: Florida
- (3) Federal Employer Identification Number: 421571783

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.)

- (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.)

Outdoor shade structures (e.g., tents and awnings).

- (c) The specific way the mark is applied to the good(s) or used in advertising: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels, Decals, Advertisements.

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

22

(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: 03/01/2003 (b) Date first used in Florida: 03/01/2003

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.)

SHADE SYSTEMS

English Translation _____

2. DISCLAIMER (if applicable)

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

I, Alan Bayman

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.

Shade Systems, Inc.

Typed or printed name of applicant

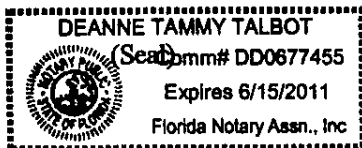
Alan Bayman, President
Applicant's signature
(Last name and title)

STATE OF Florida

COUNTY OF Miami-Dade

On this 10th day of January, 2008, Alan Bayman personally appeared before me,

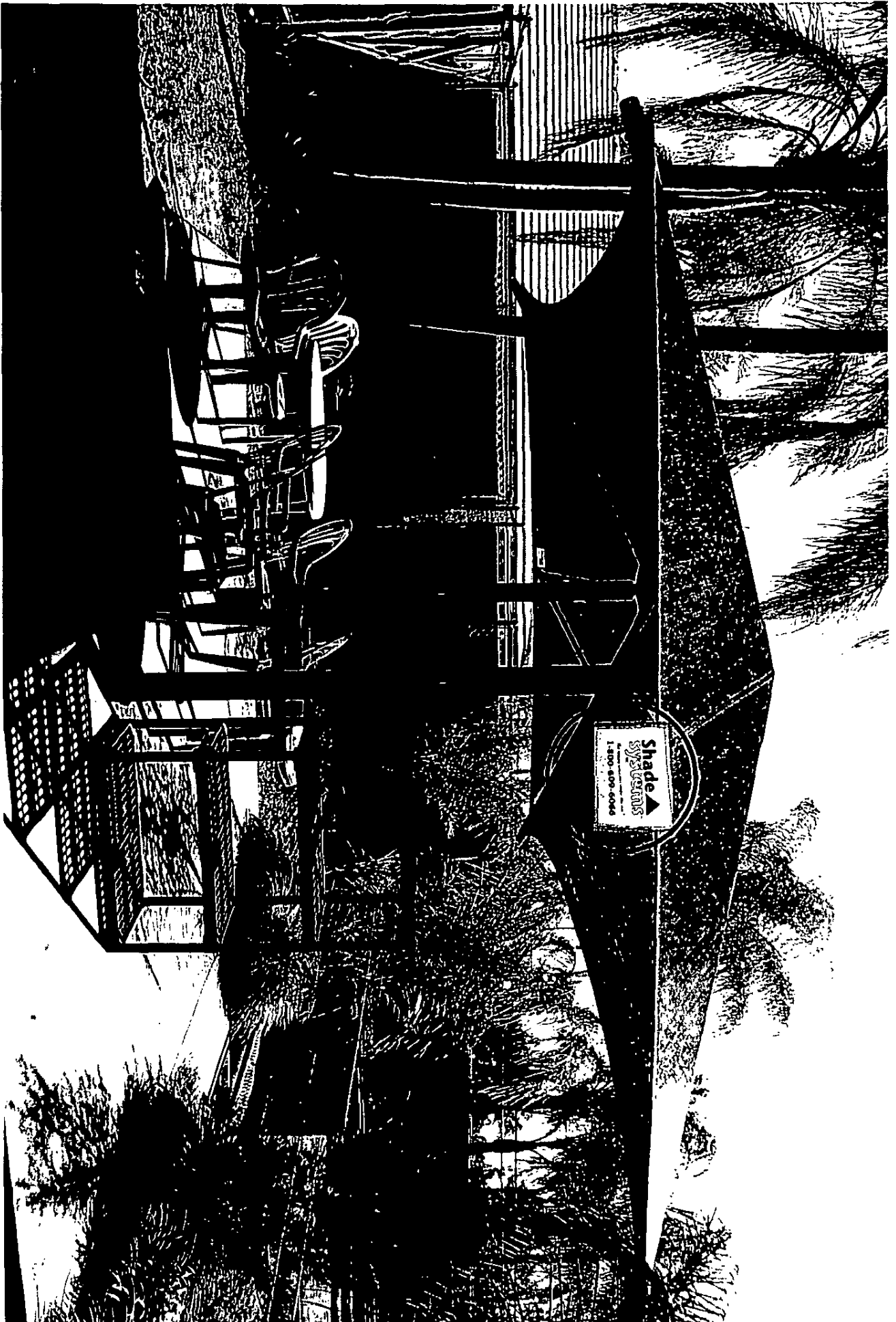
☒ who is personally known to me ☐ whose identity I proved on the basis of _____



Deanne Tammy Talbot
Notary's Signature
Deanne Tammy Talbot
Notary's Printed Name

My Commission Expires: 6/15/2011

FILING FEE: \$87.50 per class



Shade
Systems
1-800-609-6066