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Requester's Name Address	3000045716435
City/State/Zip Phone #	-U3/U5/U1U1U2/U02 *****87.50 *****87.50 Office Use Only
1. Corporation NAME(S) & DOCUMENT NUM	
2 789/747/740/116/	Emporum Es Es
4. (Corporation Name) (I	Document#) Part of State Consument #) Document #) Signature Signature
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait ☐ Photoc	-T. 1 G7G
Not for Profit Limited Liability Domestication Other Resignment Chart Merg	ndment gnation of R.A., Officer/Director age of Registered Agent clution/Withdrawal ger
Annual Report Fictitious Name Limi Rein	ted Parinership
CR2E031(7/97) White Me	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 10, 2001

DIANA M. SANTIAGO NEW AGE EMPORIUM 3508 S. UNIVERSITY DRIVE DAVIE, FL 33328

SUBJECT: NEW AGE EMPORIUM AND DESIGN OF AN OWL IN THE CENTER

Ref. Number: W01000020988

We have received your document for NEW AGE EMPORIUM AND DESIGN OF AN OWL IN THE CENTER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) 35 and 42 would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) 35 and 42.

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: NEW AGE, EMPORIUM

Section 495.031(4), F.S., requires the application for registration to be accompanied by three specimens or facsimiles. Although the specimen(s) you submitted with your application are acceptable, you neglected to send three. Please submit the additional specimens or facsimiles as required by law.

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 (850) 245-6918.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 601A00050792

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES **Division of Corporations** TO: Post Office Box 6327 Tallahassee, FL 32314 Name & address to whom acknowledgment should be sent: 70 PART I 1. (a) Applicant's name: (b) Applicant's business address: 9851 (c) Applicant's telephone number: (☐ Individual Other: (2) Corporation ■ Joint Venture ☐ General Partnership ☐ Union Limited Partnership (P98000028713) If other than an individual, (1) Florida registration number: Proposition 28 (2) Domicile State: Flor; (3) Federal Employer Identification Number: 65 -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.) (c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

(Continued)

(d) The class(es) in which goods or services fall:
Class 35
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 19,2000 (b) Date first used in Florida: June 19,2000
(a) Date has used anywhere.
PART III 1. The mark to be registered is: (If logo/design is included, please give brief written description which
The mark to be registered is the name of my
business: New Age Enparium - logo is brown
name with an owl in center
English Translation
2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " NOW AGE TO THE EXCLUSIVE RIGHT TO USE THE TERM " APART FROM THE MARK AS SHOWN.
ZARATIKOM INDIMACED SHOWN
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 conjuse 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
Diana M. Santiago
Typed or printed name of applicant
Liona M. Soft Vice President striner
Applicant's signature or authorized person's signature (List name and title)
Λ_{A} . See Eq. (3)
STATE OF TOTAL STATE OF THE STA
COUNTY OF Browns
On this 31 st day of August ,2001, DIANA M SANTIAGO personally
appeared before me, who is personally known to me whose identity I proved on the basis of FLOL# SS321735795.
who is personally known to me whose identity I proved on the basis of FLOC# 35327733 . 736
Notary Public Signature
New Age Michalla Formandez
Notary's Printed Name
Gifts - Incense - Candles - Reiki - Massage - Aromatherapy Commission Expires:
Diana M. Santiago
LMT, FL Lic. # MA-0028523 587.50 per class MICHELLE FERNANDEZ NV COMMISSION & CO. 750749
3508 S. University Drive - Davle, Florida 33328-2002 Phone 954-370-9851 Fax 954-370-9036 Phone 954-370-9851 Fax 954-370-9036 Bonded Thru Notary Public Underwriters
www.newageemporlum.org