

**704000001391**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

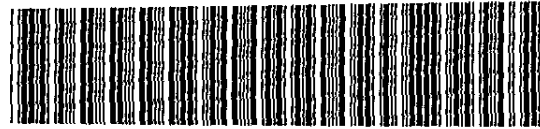
(Document Number)

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DIVISION OF CORPORATIONS

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**W04-3977**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 OCT 28 AM 10:52

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**704-1391**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 28, 2004

EXPRESS CORPORATE FILING SERVICE  
WALK-IN  
PICK-UP  
TALLAHASSEE, FL

SUBJECT: MIAMI HAND MADE  
Ref. Number: W04000039721

We have received your document for MIAMI HAND MADE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part I(2)(c) you must state how the mark is being used. If the mark is a trademark, you can cite labels, decals, tags, imprints or goods, etc. If the mark is a service mark, you can cite business cards, newspaper advertisements, TV and radio advertisements, etc.

**Part III of your application contains an informational statement. Informational statements are not registrable components. Please delete "HAND MADE" from Part III of the application.**

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  
Document Specialist Supervisor

Letter Number: 104A00062179

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Miami Hand made  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in    
  Pick up time \_\_\_\_\_    
  Certified Copy  
 Mail out    
  Will wait    
  Photocopy    
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILNGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

MIGUEL A. NOVOA  
14450 SW 12 LN  
MIAMI FL 33184  
(305) 225-6853  
Daytime Telephone number

PART I

1. (a) Applicant's name: M, & D TOBACCO, INC.
- (b) Applicant's business address: 14450 SW 12 LN  
MIAMI FL 33184  
City/State/Zip
- (c) Applicant's telephone number: (305) 225-6853
- Individual       Corporation       Joint Venture       Other: \_\_\_\_\_  
 General Partnership       Limited Partnership       Union

If other than an individual,

- (1) Florida registration number: P04000142110 (2) Domicile State: Florida
- (3) Federal Employer Identification Number: 41-2155424

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.)

N/A

- (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.)

cigars

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

labels, decals, tags, advertisements, etc...

(Continued)

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

34

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: 07-10-2004 (b) Date first used in Florida: 07-10-2004

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:)

Miami



Hand Made

English Translation

2. DISCLAIMER (if applicable)

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

I, MIGUEL A. NOVOA, 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.

Miguel A. Novoa

Typed or printed name of applicant

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

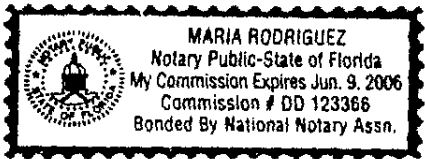
STATE OF Florida

COUNTY OF Miami-Dade

On this 11 day of October, 2004, Miguel Novoa personally appeared before me,

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

(Seal)



Maria Rodriguez  
Notary Public Signature  
MARIA RODRIGUEZ  
Notary's Printed Name

My Commission Expires: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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