

10400000/626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

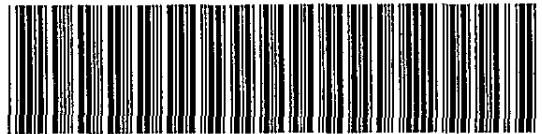
Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

789/2880/2928/
671

Office Use Only



500042889295

12/08/04--01015--024 **262.50

9

LLC listed ind

W04-44999

✓✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 27 AM 8:17



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 9, 2004

XPERIENT, LLC
ATTN: JASON MCCORMICK
2290 N. RONALD REAGAN BLVD., SUITE 136
LONGWOOD, FL 32750

SUBJECT: XPERIENT
Ref. Number: W04000044999

We have received your document for XPERIENT and your check(s) totaling \$262.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

You must list a more specific service in #2(a) in Part I 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: 604A00068873

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:

Xperient, LLC

2290 N. Ronald Reagan Blvd, Ste 136

Longwood, FL 32750

(407) 265-8000

Daytime Telephone number

PART I

1. (a) Applicant's name: ~~Jason McCormick~~ XPERIENT, LLC

(b) Applicant's business address: 2290 N. Ronald Reagan Blvd, Ste 136

Longwood, FL 32750

City/State/Zip

(c) Applicant's telephone number: (407) 265-8000

☐ Individual

☐ Corporation

☐ Joint Venture

☒ Other: LLC

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration number: L03000003176 (2) Domicile State: FL

(3) Federal Employer Identification Number: 010768841

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.)

Printing Services, Marketing Services and Communication Services

PRINTING SERVICES = DIGITAL PRINTING, OFFSET PRINTING, OVERSIZE PRINTING; MARKETING SERVICES =

GRAPHIC DESIGN, BRAND DEVELOPMENT; COMMUNICATION SERVICES = PUBLIC RELATIONS + ADVERTISING

(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.)

Decals, marketing materials, stationary, labels, website, advertisements

(TV, newspaper, magazines)

(Continued)

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

Class 35 - Advertising and business, Class 38 - Communication
and Class 42 - Miscellaneous (printing)

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: 01/27/03 (b) Date first used in Florida: 01/27/03

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.)

Xperient (name as spelled) and in stylized form

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, Jason McCormick

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

Jason McCormick

Typed or printed name of applicant

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

STATE OF FLORIDA

COUNTY OF Seminole

On this 6th day of Dec 2004, Jason B McCormick personally appeared before me,

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

DR WARE LLC M265422711610

Dave Harvey
Production Manager

2290 Ronald Reagan Blvd, Ste. 136
Longwood, Florida 32750
(t) 407.265.8000
(f) 407.265.8001
(c) 407.687.3899
dharvey@myxperient.com
www.myxperient.com

Notary Public Signature

Notary's Printed Name: PATRICIA A. LEDFORD
MY COMMISSION # DD 247860
EXPIRES December 21 2007
Bonded Thru Western Surety Company

Commission Expires:

\$87.50 per class

xperient