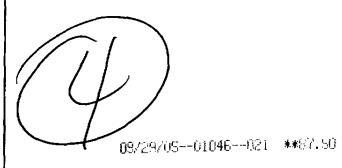
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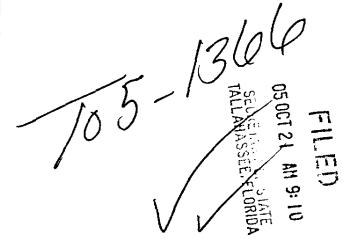
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W5-45247





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 30, 2005

INGRID BACHELOR 10235 W. SAMPLE ROAD #205 CORAL SPRINGS, FL 33065

SUBJECT: MIRACLE MULTIPLICATION LLC

Ref. Number: W05000045247

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

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: "LLC"

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, which may be the same or different. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

, APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES
TO: Division of Corporations Name & address to whom acknowledgment should be sent: Post Office Box 6327
Tallahassee, FL 32314 INGRID BACHECOR
10235 W SAMPLE PD #205
CORAL SPRINGS FL 33065
(954) 752 - 2758 Daytime Telephone number
PART I
1. (a) Applicant's name: Miracle Multiplication, LLC
(b) Applicant's business address: 10235 W. Sample Rd #205
Coral Springs & FL 33065 City/State/Zip
If different, Applicant's mailing address:
City/State/Zip
(c) Applicant's telephone number: (954) 752 2758 Individual
General Partnership Limited Partnership Union
If other than an individual,
(1) Florida registration/document number: <u>LO200000 287</u> (2) Domicile State: <u>FLORIDA</u>
(3) Federal Employer Identification Number: 30 - 00 1717 3
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.)
REAL ESTATE SERVICES
(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.)
BUSINESS CARDS BROCHURES NEWSPAPER, DOCUMENT

(Continued)

Class 36	
1	
I. Data first used by the applicant producers	PART II
	or, or a related company (must include month, day and year): 2002 (b) Date first used in Florida Tan 3 2
(a) Date first used anywhere.	(b) Date first used in Floridae Aur S
The mark to be registered is: (If logo/designmust be 25 words or less.)	PART III n is included, please give brief written description which
Miracle Mult	iplication LLC
English Translation	
2. DISCLAIMER (if applicable)	110
NO CLAIM IS MADE TO THE EXCLUSIVE	E RIGHT TO USE THE TERM "
Rypna Pachalas	
I, DING OF the lam authorized to sign on behalf of the	being sworn, depose and say that I am the owner and the appl owner and applicant herein, and no other person except a related company tical form or in such near resemblance as to be likely to deceive or confuse
be mistaken therefor. I make this affidavit and verification and know the contents thereof and that the	ation on my/the applicant's behalf. I filrther acknowleage that I have real
RYRO	
Тур	ped or printed name of applicant
Lyan	problem 22
	Applicant's signature (List name and title)
STATE OF FLORIDA	, FLC 9
COUNTY OF KYOWARD	2,2005, BYRON BACKelor pers
On this <u>26</u> day of <u>September</u> appeared before me,	2,2005, BYRON BACKELOR pers
who is personally known to me v	
	m. 4 . 7 []
	May V. Vonalmay
ACCE MALICTIPCICATION CCC	Notary Public Signature
	Notary Public Signature
ACLE MULTIPLICATION, LLC REAL ESTATE PROPERTY MANAGEMENT Byron Bachelor	Notary Public Signature Notary Printed Name AN Notary Public - State of Floride

TEL. (954) 752-2758 FAX: (954) 752-4183

SAT: 9:00AM-1:00PM SUN: CLOSED