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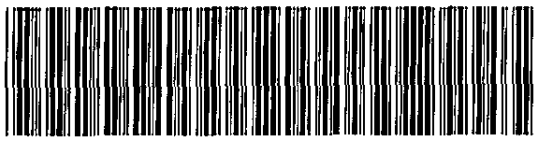

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ ✓

11/5/05 page 1 of 2

To: Division of Corporations

From: John Carvelli (772)486-0051

Re: "Storm Saver" Trademark Application Fee

Enclosed please find the $87.50 check that should have been attached to my application sent on 11/4/05

Your assistance in placing this check with the application is appreciated. Please call me if you have any questions

Thank You, John Carvelli

COVER LETTER

Original

TO: Registration Section
Division of Corporations

SUBJECT: STORM SAVER (see enclosed)
(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 Carvelli
(Name of Person)

Carvelli Holdings, LLC
(Firm/Company)

P.O. Box 880124
(Address)

Port St. Lucie FL 34988
(City/State and Zip Code)

For further information concerning this matter, please call:

John Carvelli at (772) 486-0051
(Name of Person) (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

Enclosures: • Original "Storm Saver" Product Label (3 copies)
• Original "Storm Saver" Advertising Flyer (3 copies)
• Original "Storm Saver" Photos of Product and Packaging With Label Attached (6 photos)

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:

John Carvelli
183 NW Willow Grove Av
Port St. Lucie FL 34986
(772) 486-0051
Daytime Telephone number

PART I

1. (a) Applicant's name: Carvelli Holdings, LLC

(b) Applicant's business address: 183 NW WILLOW GROVE AV.
Port St. Lucie, FL. 34986
City/State/Zip

If different, Applicant's mailing address: P.O. Box 880124
Port St. Lucie FL 34988
City/State/Zip

(c) Applicant's telephone number: (772) 873-6995

☐ Individual ☐ Corporation ☐ Joint Venture ☒ Other: LLC
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration/document number: L05000085697 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 30-0338069

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.)

This trademark will be used for a "Storm Saver" - "Severe Weather Assistance Kit". The kit will contain items that individuals can use to assist them during severe weather, including: tape, ropes, first aid kit, weather radio, propane stove, among other items

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

The trademark will be used on the product as a label. Additionally, the trademark will be used on advertisements, flyers, t-shirts, brochures, letterhead, and other marketing items.

(Continued)

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

class of goods: Class 20-

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: *11/3/05 (b) Date first used in Florida: 11/3/05

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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.)

logo design is a map of the United States with the words "Storm Saver" in the middle, The words "Severe Weather Assistance Kit" will be below the map.

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Map of the United States, Weather, Kit " APART FROM THE MARK AS SHOWN.

I, John Carvelli, 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 mythe 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

JOHN J. CARVELLI
Typed or printed name of applicant

John Carvelli
Applicant's signature
(List name and title)

FILED
05 NOV 10 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF PALM BEACH

On this 4 day of November 2004, JOHN J. CARVELLI personally appeared before me,

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

BLANCA PEREZ
My Comm Exp. 11/18/2005
No. DD 073038
[ ] Personally Known [ ] Other I.D.
(Seal)

Blanca Perez
Notary Public Signature

BLANCA PEREZ
Notary's Printed Name

My Commission Expires: 11/18/05

FEE: $87.50 per class


STORM
SAVER

Original Label
11/3/05

SEVERE WEATHER ASSISTANCE KIT

A Product From:
Carvelli Holdings, LLC
P.O. Box 880124
Port St. Lucie, FL 34988
(772) 873-6995

Original Label
11/3/05

SEVERE WEATHER ASSISTANCE KIT

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