

T05000001592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

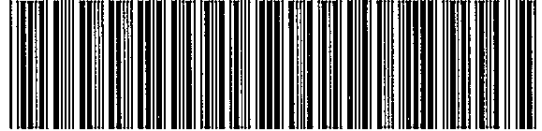
Special Instructions to Filing Officer:

685/740/762/
671

"Florida"

Office Use Only

"Dept Children"
"Families" \$
Design State of
Fla



500058975955

(12)

87.50

T05-1592
~~W05-44084~~

05 DEC 15 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dec. 15. 2005 7:52AM DOS Fin & Accounting 850 2456598

No. 1028 P. 2
450000 00
PAGE 16

CNPPPJ - 04 RUN DATE 09/21/2005 AS OF 09/21/2005
FLAJR - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE
SWDN H6000021978 ADOCNO V002545

OLO 600000 - DEPARTMENT OF CHILDREN AND FAMILIES
SITE 30 - DCF - CENTRAL FISCAL OFFICE
(850)488-4612

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	----- BENEFITTING DATA -----	ACCOUNT CODE	CF	TC	OBJECT
60 10 1 000326 60900101 00 040000 00		25	4990	87.50	45 10 1 000132 45010100 00 000100 00				45
					INVOICE # 09/13/05				87.50
TRANSACTION CODE TOTAL - 25			87.50	45					87.50

TR 96
SB
45300100
450101 11
001009
TR 94 to
Correct BE -
use 1A.
SB TR 96
453001
1A
001009
to agree w/
BT

ENTERED SEP 26 2005

File: I Document Name: untitled

TFQSR
ep 26.95 ***** REVENUE REALLOCATION/CORRECTION BROWSE ***** DTFMSRR1
RECEIVING AGENCY - 3:21 PM

S SENDING	VENDOR NUMBER	STATEWIDE	DESCRIPTION
CT C OLO		DOC-NUMBER	
		AMOUNT	
P 458000	451010001324501010000	R6000001189	87.50 TO CORRECT FUND

*** End of Data ***

C _ SENDING OLO _____ SWDN _____
Display Modify (PF5=f11p)

DTRR01-17 Dec. 15, 2005 7:52AM

DOS Fin & Accounting 850 2456598

No. 1028 P. 4

DATE RUN 03/26/05
PAGE 1

DAILY INPUT BY SITE

OPERATING ORGANIZATION 450000

SITE 00

TR TRDT	L2L5	EO	VER	GL	CAT	CFI	YR	AMOUNT	OBJECT	PDN	INVOICE	VENDOR	ID	ETME									
VENDOR	LONG	NAME			OCA	USID	PPI	BPIN	GF	SF	FID	BE	IBI	QTY	SDN	ODN							
DESCRIPTION	SUB	VENDOR	NO	SWDN	FTI	BI	STPGM	GRT	GY	CONTRT	CY	BFORG	BFOPT	BFOBJ	BFCAT	BFYR							
BFCFI	CKNO	CKDT	GRP	BAT	AB	FPI	AI	XFD	SGL	XGL	XOB	PID	EP	OF5	AU	MBI	CNT	UNIT	TME	SXGL	PROJECT	ID	XCAT
96	09212005	010100000	11	01	61300	000100	00	87.50	001009	C021978	09/13/05	601010003266090010100				145213							
G/A-HURRIC						002127			10	1	000132	45010100	00		0.00	V002545							
INCORRECT FUND					H6000021978	0		1101000000000000				0000000000		000000	000000								
	00000000				0	00000		00				0000	0000000000	00000000									
TOTAL OF PDN C021978								87.50															
TOTAL OF TR 96								87.50															

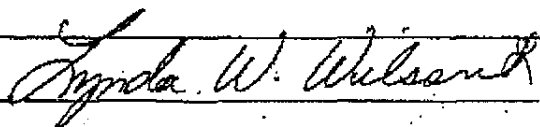
STATE OF FLORIDA OLO 450000 REVENUE TRANSFER - RETAIN ALL DOCUMENTATION DEPARTMENT DEPARTMENT OF STATE SITE DEPARTMENT OF STATE	VOUCHER SCHEDULE DATE 09/27/2005	S-W/Agency Voucher No. R60-0000-1189 001200
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CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	45	TRANS CODE	45
CFO ACCOUNT NAME						
INVOICE					INCREASE AMOUNT	DECREASE AMOUNT
45101000132-4501010000-00010000		0010			87.50	
GENERAL REVENUE FUND						
FEEs						
INV: H621978						87.50
45101000132-4530010000-00010000		0010				87.50
GENERAL REVENUE FUND						
FEEs						

TRANSACTION TYPE: REVENUE TRANSFER	TOTAL	87.50	TOTAL	87.50
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I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

APPROVED: 

Time In

Audited By

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Department of Children And Families
(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:

*105-1592
Journal
transfer*

John S. Slye
(Name of Person)

Department of Children And Families, General Counsel's Office
(Firm/Company)

1317 Winewood, Bldg. 2, Room 204
(Address)

Tallahassee, Florida 32399-0700
(City/State and Zip Code)

For further information concerning this matter, please call:

John Slye at (850) 488-2381
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 23, 2005

JOHN S. SLYE, ESQUIRE, GENERAL COUNSEL'S OFFICE
DEPT. OF CHILDREN & FAMILIES
1317 WINEWOOD BLDG. 2, ROOM 204
TALLAHASSEE, FL 32399-0700

SUBJECT: FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND
DESIGN OF SMALL CASE "DCF" CONNECTED TO EACH OTHER,
DISPLAYED WITH OUTLINE OF STATE OF FLORIDA
Ref. Number: W05000044084

We have received your document for FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND DESIGN OF SMALL CASE "DCF" CONNECTED TO EACH OTHER, DISPLAYED WITH OUTLINE OF STATE OF FLORIDA, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

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: "FLORIDA", "DEPARTMENT", "CHILDREN", "FAMILIES", "DESIGN OF STATE OF FLORIDA"

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 18, 2005

JOHN S. SLYE, ESQUIRE, GENERAL COUNSEL'S OFFICE
DEPT. OF CHILDREN & FAMILIES
1317 WINEWOOD BLDG. 2, ROOM 204
TALLAHASSEE, FL 32399-0700

SUBJECT: FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND
DESIGN OF SMALL CASE "DCF" CONNECTED TO EACH OTHER,
DISPLAYED WITH OUTLINE OF STATE OF FLORIDA
Ref. Number: W05000044084

We have received your document for FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND DESIGN OF SMALL CASE "DCF" CONNECTED TO EACH OTHER, DISPLAYED WITH OUTLINE OF STATE OF FLORIDA. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

You failed to make the correction(s) requested in our previous letter.

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

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.

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 Slye, Esquire
1317 /Winewood Blvd., Bldg. 2, Room 204
Tallahassee, FL 32399-0700
(850) 488-2381
Daytime Telephone number

PART I

1. (a) Applicant's name: Department of Children And Families, State of Florida
(b) Applicant's business address: 1317 Winewood Blvd., Bldg. 2, Room 204
Tallahassee, FL 32399-0700
City/State/Zip

If different, Applicant's mailing address: SAME

City/State/Zip

- (c) Applicant's telephone number: (850) 488-2381
 Individual Corporation Joint Venture Other: State Agency
 General Partnership Limited Partnership Union

If other than an individual,

- (1) Florida registration/document number: _____ (2) Domicile State: Florida
(3) Federal Employer Identification Number: 59-3458-463

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.)

~~Social and Healthcare services as described~~
in Florida Statute 20.19 and related statutes.

- (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.)

Labels, signs, decals, brochures, letterhead, newspapers,
advertisements, pamphlets, training materials, etc.

(Continued)

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

42

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: Sept. 13, 2005 (b) Date first used in Florida: Sept. 13, 2005

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.)

Small case letters "dcf" connected to each other, displayed with blue outline of state of Florida over words, "Florida Department of Children and Families".

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Florida, Design of Outline of Florida" APART FROM THE MARK AS SHOWN.

I, JOHN S. SLYE, 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

Florida Department of Children and Family
Typed or printed name of applicant


John S. Slye
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Leon

On this 16 day of September, 05, Merideth Middleton personally appeared before me,

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

NOTARY PUBLIC STATE OF FLORIDA
 **Merideth Middleton**
Commission # DD391877
Expires: FEB. 01, 2009
Bonded Thru Atlantic Bonding Co., Inc.

(Seal)

Merideth Middleton
Notary Public Signature

Merideth Middleton
Notary's Printed Name

My Commission Expires: Feb 1, 2009

FEE: \$87.50 per class

FILED
05 DEC 15 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



***Florida Department of
Children and Families***

**John S. Slye
Acting General Counsel**

**1317 Winewood Boulevard
Building 1, Room 202
Tallahassee, FL 32399-0700**

**Office: (850) 413-6173
Fax: (850) 922-3947
John_slye@dcf.state.fl.us**