T05000001620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 29 PM 4:14
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

6/29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUSINESS WITH A HUMAN TOUCH AND DESIGN OF HUMAN FACE LOOKING AT WORK, FACING DOWNWARDS FROM LEFT SIDE
(Name of Mark to be assigned)

Dear Sir or Madam:

The enclosed Mark Assignment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAJA SHEKHAR
(Name of Person)

CANDOTECH SERVICES INC
(Firm/Company)

1034 HIGH MEADOW DR
(Address)

TALLAHASSEE, FL - 32311-1217
(City/State and Zip Code)

For further information concerning this matter, please call:

RAJA SHEKHAR at (850) 219-8887
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: $50 per class

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: BUSINESS WITH A HUMAN TOUCH AND DESIGN OF HUMAN FACE LOOKING AT WORK, FACING DOWNWARDS FROM LEFT SIDE

2. Registration Number: T05000001620

3. (a) Assignor's name: CANDOTECH CONSULTING INC

(b) Assignor's Business Address: 1034 HIGH MEADOW DR

TALLAHASSEE, FL-32311-1217
City/State/Zip

If Different, Assignor's Mailing Address: _____

_____
City/State/Zip

4. (a) Assignee's name: CANDOTECH SERVICES INC

(b) Assignee's Business Address: 1034 HIGH MEADOW DR

TALLAHASSEE, FL-32311-1217
City/State/Zip

If Different, Assignee's Mailing Address: _____

_____
City/State/Zip

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(c) Assignee's telephone number: (850) 219-8887

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Limited Liability Company

☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If other than an individual,
(1) Florida registration/ document number: N08000011054 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 26-3826380

SIGNATURE:

Owner's Signature: K.S. Raja Shekhar

Typed/Printed Name of Person Signing: RAJA SHEKHAR

STATE OF Georgia

COUNTY OF Thomas

Sworn to and subscribed before me on this 29 day of June, 20 15.

Raja Shekhar
(Enter Name of Person Signing Above)

☑ who is personally known to me or ☐ whose identity I

proved on the basis of _____.

(Seal)

Deirdre Vines
Notary Public's Signature

Deirdre Vines
Notary Public's Printed Name

Deirdre R. Vines
Notary Public, Thomas County, Georgia
Commission Expires October 30, 2016

My Commission Expires: Oct 30, 2016

(Attach additional sheet if necessary)

15 JUN 29 PM 4:14

Filing fee:	**$50.00**
Certificate of Registration:	**Issued Free of Charge**
Certified Copy (optional):	**$52.50**