## 106000000085

(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:    789/745/409/749   671   Office Use Only	
(City/State/Zip/Phone #)    PICK-UP	(Requestor's Name)
(City/State/Zip/Phone #)    PICK-UP	
(City/State/Zip/Phone #)    PICK-UP	(Address)
(City/State/Zip/Phone #)    PICK-UP	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  789/745/409//749  67/	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  789/745/409//749  67/	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  789/745/409//749  671	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  789/745/409//749  671	PICK-UP WAIT MAIL
Special Instructions to Filing Officer:  789/745/409//749	(Business Entity Name)
Special Instructions to Filing Officer:  789/745/409//749	(Document Number)
Special Instructions to Filing Officer:  789/745/409//749  671	(Dodanient Hamber)
Special Instructions to Filing Officer:  789/745/409//749  671	Certified Copies Certificates of Status
789/745/4091/749	
789/745/4091/749	Special Instructions to Filing Officer:
	107/140/407//14/
	1071
Office Lise Only	011
Office Lise Only	
Office Lise Only	
	Office I Ice Only



900061175699

706-85

17787786--B1088- 15 1 +487, 98

W05-50294







## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 8, 2005

ARON MARIO WOLFSON EL CHIVITO DE ORO 6987 COLLINS AVENUE MIAMI BEACH, FL 33141

SUBJECT: EL CHIVITO DE ORO AND DESIGN OF CROWN WITH FIVE

SUPERIOR PEAKS AND FOUR SUPERIOR CIRCLES

Ref. Number: W05000050294

We have received your document for EL CHIVITO DE ORO AND DESIGN OF CROWN WITH FIVE SUPERIOR PEAKS AND FOUR SUPERIOR CIRCLES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

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 NOT 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.

If you have any questions concerning the filing of your document, please call

## 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: ARON WOLFSON 6987 COLLING AVE MIAMI BEACH, FL 33141 ) 864-5566 Daytime Telephone number PART I 1. (a) Applicant's name: EL CHIVITO DE ORO 6987 COLLINS AVE (b) Applicant's business address: F1 33141 MIAMI BEACH City/State/Zip (c) Applicant's telephone number: (305) 864-5566 ☐ Individual Corporation Joint Venture Other: ☐ General Partnership ☐ Union ☐ Limited Partnership If other than an individual, (1) Florida registration number: p05000115474 (2) Domicile State: FLORTDA (3) Federal Employer Identification Number: 20-3427284 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.) RESTAURANT, FAST FOOD (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.) SIGNS, FLYERS, ADVERTING, BROCHURES, ETC.

(Continued)

CLASS 42 (RESTAURANT AN	ID THEM BOOK
CUROS 42 LIRESTAURANT AN	(U FAST FOOD)
•	PART II
1. Date first used by the applicant, p	oredecessor, or a related company (must include month, day and year):
(a) Date first used anywhere: 08/	18/05 (b) Date first used in Florida:08/18/05
The mark to be registered is: (If I must be 25 words or less.)	PART III ogo/design is included, please give brief written description which
•	n with five superior peaks and four
superior circles.	
English Transiation EL CHIVIT  2. DISCLAIMER (if applicable)	O DE ORO means THE GOLDEN GOAT'S
	CLUSIVE RIGHT TO USE THE TERM "
	" APART FROM THE MARK AS SHOWN.
the right to use such mark in Florida either be mistaken therefor. I make this affidavit application and know the contents thereof a	being sworn, depose and say that I am the owner and the applicant ehalf of the owner and applicant herein, and no other person except a related company has in the identical form or in such near resemblance as to be likely to deceive or confuse or to and verification on my/the applicant's behalf. I further acknowledge that I have read the mid that the facts stated herein are true and correct  ON MARIO WOLFSON  Typed of printed name of applicant  Applicant's signature or authorized person's signature  (List name and title)  REC APPLICATION OF THE PROPERTY OF THE PROPERT
	2005 ARON MARTO WOLFSON personal
On this 19 day of AUGUST appeared before me,  who is personally known to make the second seco	, , , , , , , , , , , , , , , , , , ,
(Seal)	Notary Public/Signature  BR Provided IN 6714  Notary's Printed Name
•	My Commission Expires:
	BLANCALUZ PINEDA-LOAYZA MY COMMISSION # DD 111884 EXPIRES: July 28, 2006

1-800-3-NOTARY FL Notary Service & Bonding, Inc.



Aron Wolfson

Manager

6987 Collins Avenue Miami Beach, FL 33141 305.864.5566 / 305.864.0770

www.elreydelchivito.com