



EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. DANIELLA ORTIZ \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
---------------------	--

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( )  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: DANIELA ORTIZ DESIGN, CORP

(b) Applicant's business address: 151 N NOB HILL RD STE 122  
FORT LAUDERDALE, FL 33324  
City/State/Zip

If different, Applicant's mailing address: \_\_\_\_\_  
City/State/Zip

(c) Applicant's telephone number: ( 954 ) 446-8986  
 Individual       Corporation       Joint Venture       Other: \_\_\_\_\_  
 General Partnership       Limited Partnership       Union

If other than an individual,

(1) Florida registration/document number: P05000084276      (2) Domicile State: FLORIDA  
(3) Federal Employer Identification Number: 20-3004095

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.)

\_\_\_\_\_  
\_\_\_\_\_

(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.)

LEATHER HANDBAGS AND WALLETS

\_\_\_\_\_  
\_\_\_\_\_

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

LABELS, DECALS, NEWSPAPER ADVERTISEMENTS, BAGS, ETC..

\_\_\_\_\_  
\_\_\_\_\_

(Continued)

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

CLASS 18

**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: 01-01-06 (b) Date first used in Florida: 01-01-06

**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.)

THE LOGO CONSISTS OF THE NAME DANIELLA ORTIZ AND ABOVE IT AN OPEN CIRCLE,  
THE INITIALS "DO" IN THE CENTER

English Translation \_\_\_\_\_

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " \_\_\_\_\_"  
" APART FROM THE MARK AS SHOWN.

I, \_\_\_\_\_, 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

ALFREDO ORTIZ BAEZA

Typed or printed name of applicant

*[Handwritten Signature]*

Applicant's signature  
(List name and title)

STATE OF FLORIDA

COUNTY OF DADE

On this 27 day of JANUARY, 2006, ALFREDO ORTIZ BAEZA personally appeared before me,

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

FILED  
06 JUN 28 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Seal)

*[Handwritten Signature]*

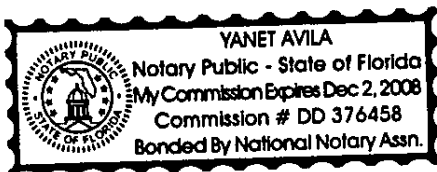
Notary Public Signature

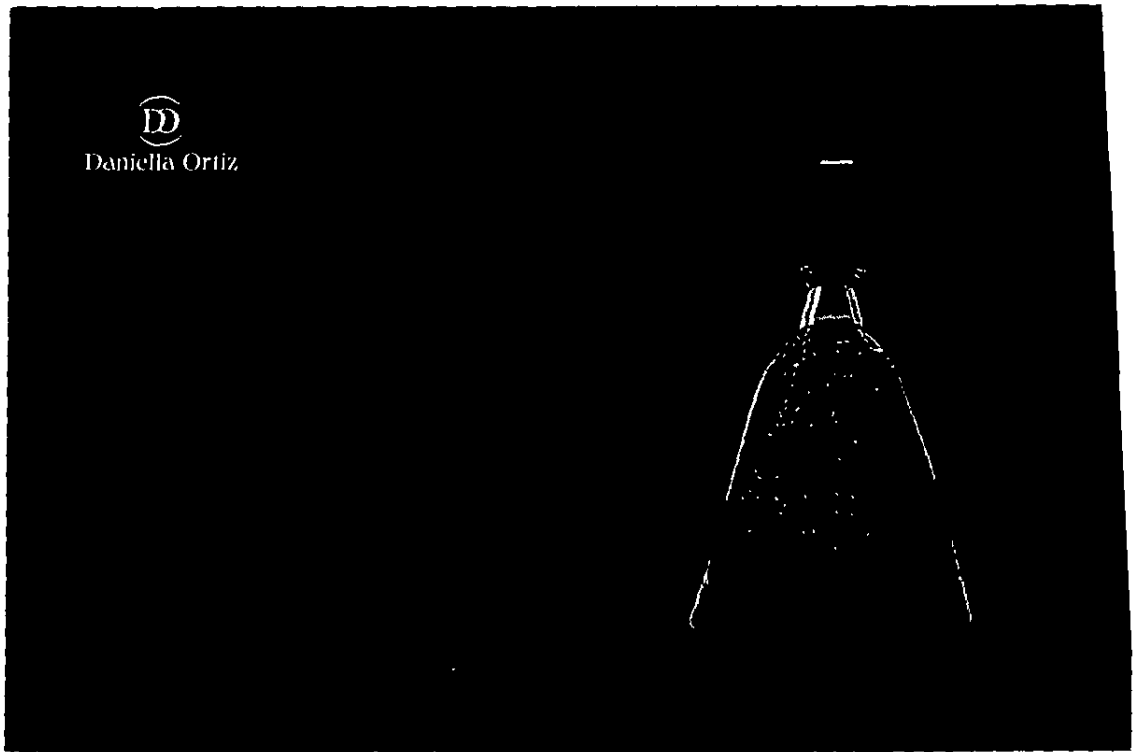
YANET AVILA

Notary's Printed Name

My Commission Expires: 12-02-08

FEE: \$87.50 per class





Daniella Ortiz 2006

Mia

