

106000001033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

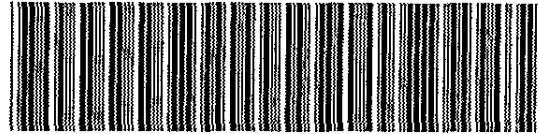
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900078584769

08/11/06--01017--002 \*\$87.50

106-1033

FILED  
06 AUG 11 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ ✓

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

GOT PAIN?

(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:

JUNAID KHAN

(Name of Person)

MY LEGAL VERBIAGE, LLC

(Firm/Company)

7655 S. ORANGE BLOSSOM TR

(Address)

ORLANDO, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

JUNAID KHAN

(Name of Person)

at (407) 342-6325

(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

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:

MY LEGAL VERBIAGE, LLC  
7655 S. ORANGE BLOSSOM TR  
ORLANDO, FL 32809  
(407) 342-6325  
Daytime Telephone number

PART I

1. (a) Applicant's name: MY LEGAL VERBIAGE, LLC  
(b) Applicant's business address: 7655 S. ORANGE BLOSSOM TR  
ORLANDO, FL 32809  
City/State/Zip

If different, Applicant's mailing address: \_\_\_\_\_

- (c) Applicant's telephone number: 407, 342-6325  
☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other  
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

- (1) Florida registration/document number: L06000069036 ✓ (2) Domicile State: FL  
(3) Federal Employer Identification Number: 84-1715022

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.)

MEDICAL, MASSAGE, ACCUPUNCTURE & CHIROPRACTIC SERVICES

- (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.)

FLYERS, YELLOWPAGES T.V., RADIO, BROCHURES, LABELS, DECALS,  
BILLBOARDS, BANNERS, BUSINESS CARDS, BUS STOP/SHELTERS,  
NEONS, SIGNS

(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: JUNE 13, 2002 (b) Date first used in Florida: JUNE 13, 2002

**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.)

GOT PAIN?

English Translation

2. DISCLAIMER (if applicable)

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

I, JUNAID KHAN, 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

JUNAID KHAN

Typed or printed name of applicant

[Signature] MGR

Applicant's signature  
(List name and title)

STATE OF FLORIDA

COUNTY OF ORANGE

On this 9TH day of AUGUST, 2006, JUNAID KHAN personally appeared before me,

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

06 AUG 11 PM 3:49  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Seal)



[Signature]  
Notary Public Signature

THOMAS DANIEL  
Notary's Printed Name

My Commission Expires: 3/30/10

FEE: \$87.50 per class

# GOT PAIN?

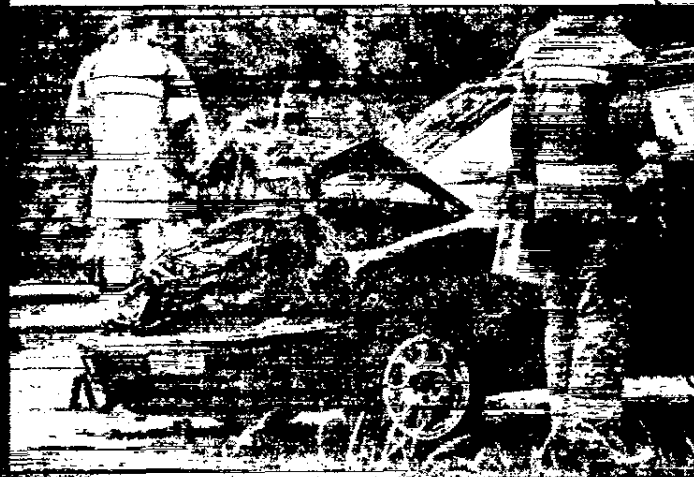
## Auto Accident Victims

**CHIROPRACTOR  
FAMILY MEDICINE  
PAIN MANAGEMENT  
MASSAGE THERAPIST**

MM #14759

**Most Insurances  
Accepted & Billed For You**

- Headaches
- Arm Pain
- Leg Pain
- Disc Problems
- Tight Muscles
- Whiplash
- Neck Pain
- Back Pain
- Muscle Spasms
- Physicals



### ***Se Habla Español***

Free Transportation For Auto Accidents  
Immediate Appointments Available

Open: Mon-Sat

**[www.orlandopainclinic.com](http://www.orlandopainclinic.com)**



**We Will Work With Your  
Insurance Company & Attorney**

**Orlando Pain Clinic**  
*"Orlando's Choice For The Entire Family"*

Serving: Airport • Dr Phillips • Florida Mall • Kissimmee • Millenia Mall  
Windermere • Winter Park • UCF • Hunters Creek • Apopka • Lockhart  
Longwood • Altamonte Springs • Pine Hills • Sanford • Oviedo • Eatonville

**407-447-0394**

**407-478-5536**

**407-483-1488**

**407-706-0975**

**407-852-9797**