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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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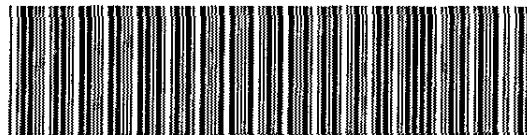
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TALLAHASSEE, FLORIDA



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alexa

(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:

Marcelino Suarez, Jr.

(Name of Person)

Southern Sales and Services, Inc.

(Firm/Company)

370 SW 187th Avenue

(Address)

Pembroke Pines, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcelino Suarez, Jr.

(Name of Person)

at ( 954 ) 444-9636

(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

(**NOTE:** The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

**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**

**PART I**

1. (a) Applicant's name: Marcelino Suarez, Jr.
- (b) Applicant's business address: 370 SW 187th Avenue  
Pembroke Pines, FL 33029  
City/State/Zip

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

- (c) Applicant's telephone number: (954) 444-9636
- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Individual          | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Union         | <input type="checkbox"/> Other: _____              |

If other than an individual,

- (1) Florida registration/document number: \_\_\_\_\_ (2) Domicile State: Florida
- (3) Federal Employer Identification Number: 20-4837276

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.)

Cosmetics

- (c) The specific way the mark is applied to the good(s) or used in advertising: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels

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

Class 3

(Continued)

**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 1, 2006 (b) Date first used in Florida: June 1, 2006

**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 name ALEXA under what appears to be butterfly/rose petal artwork.

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

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Alexa

" APART FROM THE MARK AS SHOWN.

I, Marcelino Suarez, Jr.

*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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.*

Marcelino Suarez, Jr.

Typed of printed name of applicant

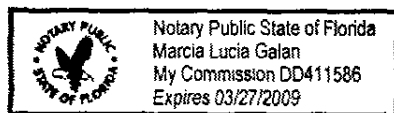
[Signature]  
Applicant's signature  
(List name and title)

STATE OF Florida

COUNTY OF Miami-Dade

On this 22nd day of January, 2007, Marcelino Suarez, Jr.  
appeared before me,

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



(Seal)

Marcia L. Galan  
Notary Public Signature

Marcia L. Galan

Notary's Printed Name

My Commission Expires: 03/27/2009

**FILING FEE: \$87.50 per class**

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# ALEXA ULTRA-STRENGTH ICE

MUSCLE RUB GEL

Net Wt. 8.02 oz (226 g)

ALEXA ULTRA-STRENGTH ICE MUSCLE RUB GEL provides temporary relief to minor pains in muscles and joints.

**DIRECTIONS:** Apply liberally to affected area and massage until gel is absorbed into the skin. Repeat 3 or 4 times daily.

**WARNING:** DO NOT APPLY TO CHILDREN UNDER 2 YEARS OLD. FOR EXTERNAL USE ONLY. If condition worsens, or if symptoms persist for more than 7 days, discontinue use and consult a physician.

KEEP AWAY FROM OPEN FLAME.  
KEEP OUT OF REACH OF CHILDREN.

**INGREDIENTS:** Purified Water, Isopropyl Alcohol, Menthol, Carbomer, Sodium Hydroxide, Camphor, Nonoxonyl 9, propylene Glycol, DMDM Hydantoin, Methyl Paraben, FD&C Blue #1