

107000000140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

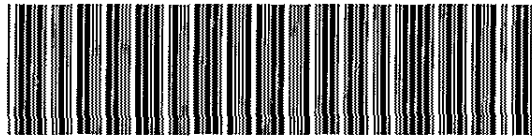
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/26/07--01003---0007 **R7.50

107-140

RECEIVED
07 JAN 25 PM 4:19
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JAN 25 AM 8:33
SET. EN. ASS. STATE
TALLAHASSEE, FLORIDA



FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

1106
385-6735

(Phone #)

OFFICE USE ONLY

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

1. ABSOLUTE IRRIGATION
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



Walk in



Pick up time 2:00



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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABSOLUTE IRRIGATION
(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:

ARIEL POPLACK
(Name of Person)

ABSOLUTE IRRIGATION
(Firm/Company)

900 SOUTH STATE ROAD 7
(Address)

PLANTATION, FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

ARIEL POPLACK at 954 556 6623
(Name of Person) (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: ABSOLUTE IRRIGATION, LLC
(b) Applicant's business address: 900 SOUTH STATE ROAD 4
PLANTATION, FL 33317
City/State/Zip

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

(c) Applicant's telephone number: (954) 556-6623
☐ Individual ☐ Corporation ☐ Joint Venture ☒ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other:

If other than an individual,

(1) Florida registration/document number: L06-00016900 ✓ (2) Domicile State: FLORIDA
(3) Federal Employer Identification Number: 20-8002092

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.)

LAWN SPRINKLER-INSTALLATION, SERVICE, REPAIR
IRRIGATION SYSTEMS-INSTALL, SERVICE, REPAIR

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

BUSINESS CARDS ADVERTISING, MAILING, STATIONARY,
TRUCK ADVERTISING

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

37

(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: 12-15-06 (b) Date first used in Florida: 12-15-06

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.)

ABSOLUTE IRRIGATION

English Translation _____

2. DISCLAIMER (if applicable)

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

I, ARIEL PODLACK, 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.

ARIEL PODLACK
Typed or printed name of applicant

Applack
Applicant's signature
(List name and title)

STATE OF FLORIDA

COUNTY OF BROWARD

On this 22 day of JANUARY 2007, ARIEL PODLACK personally appeared before me,

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



LUIS A. DEL VALLE
MY COMMISSION # DD 286396
EXPIRES: February 17, 2008
Bonded Thru Budget Notary Services

[Signature]

Notary Public Signature

Notary's Printed Name

My Commission Expires: _____

FILING FEE: \$87.50 per class

FILED
07 JAN 26 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Marc Lieblein

(954) 302-5333

FAX (954) 370-9446

CELL (561) 756-1051

ABSOLUTE IRRIGATION, LLC

**Commercial & Residential
Licensed & Insured**

200 South State Road 7 • Plantation, FL 33317

www.marcabsolute-irrigation.com