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W07-25483







FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2007

RIDEL B. CASTILLO INTERFARMA CORPORATION 12981 SW 132 CT. MIAMI, FL 33186

SUBJECT: HEPAGEN B-COMPLEX Ref. Number: W07000025483

We have received your document for HEPAGEN B-COMPLEX and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "B-COMPLEX"

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, pleasecall (850) 245-6918.

Letter Number: 007A00036752

Nanette Causseaux Document Specialist Supervisor

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

 PURSUANT TO CHAPTER 495. FLORIDA STATUTES TO: Name & address to whom acknowledgment should be sent: **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314 RIDEL B. CASTILLO 12981 SW 132 Ct. 5 7 m Miami, Fl 33186 305 235-7595 Daytime Telephone number PART I INTERFARMA CORPORATION 1. (a) Applicant's name: same as above (b) Applicant's business address: City/State/Zip If different, Applicant's mailing address: City/State/Zip (c) Applicant's telephone number: (305) 235-7595 Individual Corporation ☐Joint Venture _ Other: General Partnership Limited Partnership Union If other than an individual, ___ (2) Domicile State: Florida (1) Florida registration/document number: V50229 (3) Federal Employer Identification Number: 650340317 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.) pharmaceutical supplement for the liver (c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.) LABELS: brochures: advertisements

(Continued)

d) The class(es) in which goods or services	fall:
CLASS 5: Pharmaceutical	.s
·	PART II
	ssor, or a related company (must include month, day and year):
(a) Date first used anywhere:/0/	(b) Date first used in Florida: 3/07
	PART III
The mark to be registered is: (If logo/des must be 25 words or less.)	sign is included, please give brief written description which
HEPAGEN B_COMPLEX	
· · · · · · · · · · · · · · · · · · ·	
English Translation	
2. DISCLAIMER (if applicable)	
NO CLAIM IS MADE TO THE EXCLUS	TO USE THE TERM " B- CompleX " APART FROM THE MARK AS SHOWN.
, Ridel B. Castillo	
herein, or that I am authorized to sign on behalf of the right to use such mark in Florida either in the i	being sworn, depose and say that I am the owner and the applicant the owner and applicant herein, and no other person except a related company has dentical form or in such near resemblance as to be likely to deceive or confuse or to rification on my/the applicant's behalf. I further acknowledge that I have read the the facts stated herein are true and correct
Rid	el B. Castillo
,, , , , , , , , , , , , , , , , , , ,	Typed or printed name of applicant dent Applicant's signature Applicant's signature (integral and stitle)
Presi	dent/Udu Bully) SSE = III
	Applicant's signature (List name and title)
STATE OF Florida	
COUNTY OF Miami-Dade	&
On this 18th day of May	2007, Ridel Castillo personally
appeared before me,	
who is personally known to me	whose identity I proved on the basis of Florida Driver's
	Massell Capte
(Seal)	Notary Public Signature
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	DAISY CANONIC Notary's Printed Name
DAISY CAPOTE  MY COMMISSION # DD524138  EXPIRES: Mar. 1, 2010	My Commission Expires: March 1, 2010

FEE: \$87.50 per class

## ROPIC · ANTITOXIC · B-COMPLEX * DIGESTIVE .



and Lipotropics

60 capsules

De

Manufactured for: INTERFARMA CORP.
Pharmaceutical Division, Miami, Fla. 33186, EEUU.

Each capsule contains: 

FORMUČÁ: NEKLARIZE

INDICATIONS: Use as a dietary supplement for adult liver care.

**DIRECTIONS:** Take one capsule of HEPAGEN B²COMPLEX, two times daily, preferably with meals (funch and direct).

WARNIES: Do not exceed recommended dosage. Do not use this product if prepared or mursing. Keep out of the reach of children.

**\$TORAGE:** In a cool and dry place at room temperature (59°F-86°F).



Manufactured for:
INTERFARMA CORP.
Pharmaceulical Division.
Miami, Fla. 33186. EEUU.

Lote No.: 110507 Exp.; 05/2010