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W07-2598/

107-814



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2007

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

SUBJECT: COMBO NATURA
Ref. Number: W07000025981

We have received your document for COMBO NATURA and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, **which may be the same or different.** TYPED or HANDWRITTEN MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-45), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. **WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.**

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, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 607A00037394

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:

RIDEL B. CASTILLO
12981 SW 132 Ct.
Miami, Fl 33186
(305) 235-7595
Daytime Telephone number

PART I

1. (a) Applicant's name: INTERFARMA CORPORATION

(b) Applicant's business address: same as above

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,

(1) Florida registration/document number: V50229 ✓ (2) Domicile State: Florida

(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 MULTIVAMIN SUPPLEMENT

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

LABELS and ADVERTISEMENTS

(Continued)

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

CLASS 5: Pharmaceuticals

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: 5/20/07 (b) Date first used in Florida: 5/24/07

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.)

COMBO NATURA.

English Translation

2. DISCLAIMER (if applicable)

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

I, Ridel B. Castillo, 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

Ridel B. Castillo

Typed or printed name of applicant

President

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

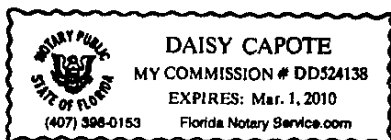
STATE OF Florida

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 License

(Seal)



[Signature]
Notary Public Signature

DAISY CAPOTE
Notary's Printed Name

My Commission Expires: March 1, 2010

FEE: \$87.50 per class

Science and Nature
for your Health

DIRECTIONS: Take one (1) softgel at bedtime or
when desired.

WARNINGS: This product contains Senna. Read
and follow directions carefully. Do not use if you have
or develop diarrhea, loose stools, or abdominal pain
because Senna may worsen these conditions and be
harmful to your health. Consult your doctor if you
have frequent diarrhea, a medical condition or if
you are taking medication, especially digitalis.
Store in a dry, cool place.

KEEP OUT OF REACH OF CHILDREN



Manufactured for:
INTERFARMA CORP
Miami, Florida, 33186
NATURAL PRODUCT DIVISION

COMBO
NATURA

NUTRITIONAL SUPPLEMENT



SUAVE LAXTM
Prune +
Senna

60
SOFTGELS



Made in EEUU

Nutritional Supplement

Each capsule contains:

Prune 100 mg
Senna 100 mg

This is an excellent product for those experi-
encing occasional constipation. The ingredients
in SuaveLax are well known for their cathartic
action and ability to support regularity.

