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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

107-996

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** "Mark's"  
(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:

Arthur A. Gardner  
(Name of Person)

Gardner Groff Greenwald & Villanueva, PC  
(Firm/Company)

2018 Powers Ferry Road, Suite 800  
(Address)

Atlanta, GA 30339  
(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur A. Gardner at ( 770 ) 984-2300  
(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.)

## 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: November 2002 (b) Date first used in Florida: November 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.)

### Mark's

English Translation **Mark's**

- 2. DISCLAIMER (if applicable)**


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

**, Louis Saig**

I, Louis Saig, 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.

**Louis Saig for Primetime Foods, LLC**

Typed or printed name of applicant

 MEMBER

Applicant's signature  
(List name and title)

STATE OF Florida

COUNTY OF Deval

On this 17<sup>th</sup> day of July, 2007, Louis Sain personally appeared before me.

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



(Seal)

Notary Public Signature

**Notary Public Signature**

**Notary's Printed Name**

My Commission Expires: \_\_\_\_\_

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352-336-0077**