

**108000000296**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP, ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**500119242435**

03/11/08--01022--016 \*\*175.00

**108-296**  
FILED  
08 MAR 11 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**N. CAUSSEAU**

**MAR 13 2008**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 78°SPA

(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:

DEAN J. TRANTALIS, ESQ.

(Name of Person)

TRANTALIS LAW OFFICES

(Firm/Company)

2255 WILTON DRIVE

(Address)

WILTON MANORS, FL 33305

(City/State and Zip Code)

For further information concerning this matter, please call:

DEAN J. TRANTALIS, ESQ.

(Name of Person)

at ( 954 ) 566-2226

(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: Scottyco, Inc.

(b) Applicant's business address: 2153 Wilton Drive

Wilton Manors, FL 33305  
City/State/Zip

If different, Applicant's mailing address: \_\_\_\_\_

City/State/Zip

(c) Applicant's telephone number: (954) 630-1444

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Limited Liability Company  
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: \_\_\_\_\_

If other than an individual,

(1) Florida registration/document number: P06000103160 ✓ (2) Domicile State: FL

(3) Federal Employer Identification Number: 371526783

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.)

Spa services

(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.)

Skincare products

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

advertisements, brochures, business cards, storefront, skincare product labels

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

3,44

(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: 1-29-08 (b) Date first used in Florida: 1-29-08

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.)

78°SPA

Typed in "itc anna" font, all capital letters, and has been slightly manipulated.

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

2. DISCLAIMER (if applicable)

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

I, John E. Pimenta, President of Scottyco, Inc.

*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.*

John E. Pimenta, President of Scottyco, Inc.

Typed or printed name of applicant

*John E. Pimenta*

Applicant's signature  
(List name and title)

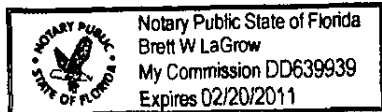
STATE OF FLORIDA

COUNTY OF BROWARD

On this 29<sup>th</sup> day of January, 2008, John E. Pimenta personally appeared before me,

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

(Seal)



*Brett W. LaGrow*  
Notary Public Signature  
**Brett W. LaGrow**

Notary's Printed Name

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

FILING FEE: \$87.50 per class



JOHN PIMENTA  
*Licensed Massage Therapist*  
*Nationally Certified*

**954.630.1444**  
2153 Wilton Drive  
Wilton Manors, FL 33305  
[www.78degreesSpa.com](http://www.78degreesSpa.com)  
lic # MA36377

