T12000001129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐

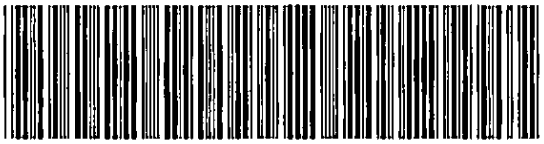
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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T12-1129

Renewal

11/05/17--01019--016 **97.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 NOV 22 PM 2:28

N. CAUSSEAUX

NOV 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSA ARCHITECTURE INTERIOR DESIGN PLANNING
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VAUGHN D. HOLEMAN
(Name of Person)

HOLEMAN GROUP, INC.
(Firm/Company)

2101 S. WAVERLY PLACE SUTIE 100
(Address)

MELBOURNE, FLORIDA 32901
(City/State and Zip Code)

For further information concerning this matter, please call:

VAUGHN D. HOLEMAN at (321) 768-7887
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: $87.50 per class
CERTIFICATE OF RENEWAL: $ 8.75 (OPTIONAL)

(**NOTE**: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

CR2E005 (1/11)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2017

VAUGHN D. HOLEMAN
HOLEMAN GROUP, INC.
2101 S. WAVERLY PLACE, SUITE 100
MELBOURNE, FL 32901

SUBJECT: HSA ARCHITECTURE INTERIOR DESIGN PLANNING & DESIGN OF CAPITAL LETTERS "H S A" WITHIN A RECTANGULAR BORDER, "HSA" ARE CUSTOM FONT WITH LETTERS BEING THE OMISSION OF THE BACKGROUND COLOR
Ref. Number: T12000001129

We have received your document for HSA ARCHITECTURE INTERIOR DESIGN PLANNING & DESIGN OF CAPITAL LETTERS "H S A" WITHIN A RECTANGULAR BORDER, "HSA" ARE CUSTOM FONT WITH LETTERS BEING THE OMISSION OF THE BACKGROUND COLOR and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The the name entered in the 'TYPED OR PRINTED NAME OF OWNER' is not the name reflected on our records. Please correct the application accordingly.

The current owner listed is: HOLEMAN GROUP, LLC.

The notary public's acknowledgement is incomplete. The seal, signature, and expiration date must be affixed. A notary public cannot notarize his own signature.

The specimen you submitted to renew your service mark is not acceptable. We need one permanent specimen. We do not accept camera ready copies or specimens which have been altered or defaced in any manner. To renew your service mark, we need one specimen from which we can determine the service(s) being rendered. We will accept a brochure, newspaper, or magazine advertisement, or a business card; however, we must be able to determine the services you are rendering from your specimen. The specimen must specifically reflect/list the service(s) the mark is being used in connection with. If your mark is registered under more than one class, we need one specimen for each class. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimen(s) to a copy of this letter or to your corrected

application, if it was returned to you for correction(s), and return it/them to this office for processing.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor Letter Number: 417A00022632

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

HOLEMAN GROUP, LLC
2101 S. WAVERLY PLACE STE 100
MELBOURNE, FL. 32901

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2012 NOV 22 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HSA ARCHITECTURE INTERIOR DESIGN PLANNING-CAPITAL LETTERS HSA WITHIN A RECTANGULAR BORDER HSA ARE CUSTOM FONT WITH LETTERS BEING THE EMISSION OF THE BACKGROUND COLOR OR IS

1) Mark Registered: _____

2) Registration Number: T12000001129

3) Date Filed: 11/15/12 4.) Renewal Date: 11/15/17 5.) Class(es) Filed: SM-00420000

6) Renewal statement pursuant to section 495.071, Florida Statues. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

THE MARK IS STILL IN USE IN FLORIDA

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: L11000127690

HOLEMAN GROUP, LLC
Typed or Printed Name of Owner

V.P. For HolemanGroup
Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA

COUNTY OF BREVARD

Sworn to and subscribed before me on this 17th day of November, 2012, Lori A. Dennis
(Name of Individual Signing)

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

Katherine Elizabeth Holeman
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF901814
Expires 7/21/2019
(Seal)

Katherine Elizabeth Holeman
Notary Public's Signature

Katherine Elizabeth Holeman
Notary Public's Printed Name

Fee: $87.50 Per Class
Certificate of Renewal : $8.75 (Optional)
CR2E005 (1/11)