

T13000000807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

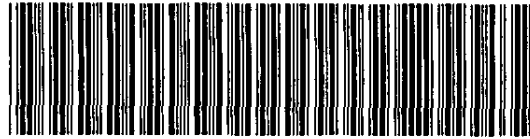
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700250295817

T13-807

08/07/13--01016--015 **175.00

87.50

FILED
13 AUG - 7 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

p/c

AUG - 8 2013
N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

"Smart Neck Lift"

(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:

Richard Goren
(Name of Person)

**Shino Bay Cosmetic Dermatology
& Laser Institute**

350 E. Las Olas Blvd. Ste 110
(Firm/Company)
Fort Lauderdale, FL 33301

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Goren at 954-849-0662
(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.)

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. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: Attn: Richard Gorch

(b) Owner's/Applicant's business address: Shino Bay Cosmetic Dermatology
& Laser Institute

If different, Owner's/Applicant's mailing address: 350 E. Las Olas Blvd. Ste 110
Fort Lauderdale, FL 33301

(c) Owner's/Applicant's telephone number: (561) 637-6262

Check the appropriate box to indicate the Owner/Applicant is a(n):

- ☐ Individual ☐ Corporation ☐ Joint Venture ☒ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: LO5-42255

(2) Domicile State or Country: FL

(3) Federal Employer Identification Number: 20-2978191

2. (a) **SERVICE MARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

Plastic Surgery, cosmetic surgery,
cosmetic laser procedures,
cosmetic treatments, medical and cosmetic
dermatology

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

"Smart Neck Lift"

USED:

Newspapers, online, website Ads, Print Ads, Brochures, Videos, Signs, Pamphlets, Direct mails

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

48

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: _____

(b) Date first used in Florida: 4/2/13

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

"SmartNeckLift"

All one word, with capital "S", "N" and "L"

Provide the English translation of any and all terms listed #1 above, when applicable: _____

2. DISCLAIMER STATEMENT (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S) NeckLift
"APART FROM THE MARK AS SHOWN."

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Richard Goren, 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.

Richard Goren

Typed or printed name of applicant

CEO - OWNER

Applicant's signature
(List name and title)

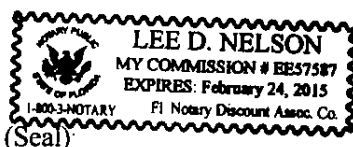
STATE OF Florida

COUNTY OF Broward

FILED
13 AUG - 7 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

On this 6th day of August, 2013, Richard Goren personally appeared before me,

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



Lee D. Nelson
Notary Public Signature

Lee D. Nelson
Notary's Printed Name

My Commission Expires: 2/24/2015

FILING FEE: \$87.50 per class

WE ARE THE #1 IN VOLUME OFFICE FOR SCULPTRA® AESTHETIC TREATMENTS IN THE ENTIRE UNITED STATES!



FIVE STAR EXPERTISE FIVE STAR RESULTS

AWARD-WINNING RESULTS AT SHINO BAY!



BEFORE:
DR. AGUILERA'S
ASSOCIATE,
AMY GROTT'S'
PATIENT



**NEW
SUMMER
SPECIALS
AVAILABLE**
CALL FOR DETAILS

AFTER OUR
NATURAL
LOOKING
COSMETIC
ENHANCEMENTS

**SmartFaceLift and
SmartNecLift Procedure**

BIO-IDENTICAL HORMONAL THERAPIES • HCG DIET • WEIGHT LOSS • HEALTH & WELLNESS • PLASTIC SURGERY WITH LASER SCAR PREVENTION, SKIN TIGHTENING, LASER SKIN RENEWAL, SMART LIFT & VASEER HIGH DEFINITION LIPOSUCTION • MULTI FRACTIONAL LASERS, COSMETIC FILLERS AND MUCH MORE...

Dr. Shino Bay Aguilera - A world-renowned Cosmetic Dermatologist, Dermatologic Surgeon and #1 in volume in Sculptra® Aesthetic treatments in the entire United States, leads an outstanding team in the latest, most effective techniques and offers over 50 of the latest premier, constantly-upgraded, laser and cosmetic technologies for your optimal results. He is dual-board certified with a fellowship in Dermatology from the American College of Osteopathic Dermatology and has over 16 years of on-going advanced training in Cosmetic Lasers and Aesthetic Medicine. He is a master artist with cosmetic fillers (achieving your most natural looking enhancement)



Dr. Shino Bay Aguilera
Board Certified Dermatologic Surgeon

and a leading-edge researcher in lasers, as well as the most advanced age-reversing and cosmetic enhancing therapies. Dr. Aguilera is also the top requested keynote speaker and trainer for Sculptra® Aesthetic and for one of the world's leading laser manufacturers.

With years of award-winning, world-class cosmetic enhancements, Dr. Aguilera and his staff form an uncompromising and talented team that can show you the exciting future of ageless transformations! Shino Bay offers a myriad of optimally effective solutions, from non-invasive, minimally-invasive to surgical procedures, that will inspire confidence in your decisions,

...and in yourself.

TO WINNER
OF THE PLASTIC SURGERY SOCIETY
NATIONAL AWARD
"BEST Surgical,
Facial Enhancement"
"BEST Surgical,
Body Contouring"

WINNER OF THE PRESTIGIOUS NATIONAL AWARD
"BEST Non-Surgical Facial Enhancement"
in 2011 and 2012

WINNER OF THE
"Patients Choice Award"
in 2011 and 2012

NO ONE TREATS MORE PATIENTS WITH SCULPTRA AESTHETIC
**We are the #1 volume office for
Sculptra Aesthetic® treatments in the
entire United States!**

SHINO BAY

OFFICE: 561.832.1950
FAX: 561.832.1950

CALL TODAY

TO SCHEDULE YOUR COMPLIMENTARY CONSULTATION

PAIM BEACH ISLAND
561.832.1950
50 COCONUT ROW • SUITE 100
PALM BEACH ISLAND, FLORIDA

EAS OLAS BLVD., 11, LAUDERDALE
OR 954.765.3005
350 EAST LAS OLAS BLVD. • SUITE 110 • 120
FORT LAUDERDALE, FLORIDA

FOR MORE INFORMATION AND ADDITIONAL BEFORE & AFTER PHOTOS VISIT

WWW.SHINOBYDERM.COM