7/30000/063

(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



000319148980

713-1063 Renewal

10/01/18--01051--032 **87.50 🗸

N. CAUSSEAÛ

OCT - 5 2018

CHISHOLM LAW FIRM

Breanna McCarthy, Esquire Telephone: 407-674-2657 Breanna@ChisholmFirm.com Post Office Box 2189
Orlando, Florida 32802-2189
www.StartYourTaxExemptNonprofit.com

September 26, 2018

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

Subject: Trademark Renewal

To Whom It May Concern:

Enclosed please find the original Filing Renewal ("Renewal") along with trust account check no. 1215 made payable to the Florida Division of Corporations in the amount of \$87.50 in order to defray your filing fee for the Trademark Renewal filed on behalf of Familia Enterprises, Inc.

If you should have any questions, please feel free to contact me at 407-674-2657.

Very sincerely yours,

Breanna McCarthy

Enclosure: Trademark Renewal Cover Letter

Mark Renewal Application

Specimen

Bright Barrell Commencer

cc: Client

COVER LETTER

SUBJECT: Familia Insurance Agency	
	irk Registered)
Dear Sir or Madam:	
The enclosed Mark Renewal Application, specimen	and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Breanna McCarthy	
(Name of Person)	
Chisholm Law Firm	
(Firm/Company)	
37 N. Orange Ave., Number 500	
(Address)	
Orlando, FL 32801	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Breanna McCarthy at (407	674-2657 Code & Daytime Telephone Number)
(Name of Person) (Area	Code & Daytime Telephone Number)
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Registration Section Division of Corporations

TO:

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

CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

FILING FEE: \$87.50 per class

CR2E005 (1/11)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations
Familia Enterprises, Inc.	P.O. Box 6327 Tallahassee, FL 32314
3055 Michigan Ave.	
Kissimmee, FL 34744	
Mark Registered: Familia Insurance Ag	gency =
2) Registration Number: T13000001063	<u>က</u>
3) Date Filed: 10/30/2013 4.) Renev	wal Date: 10/30/2018 5.) Class(es) Filed: 36
	95.071, Florida Statues. Below you must state the mark is still in onuse is not due to any intention to abandon the mark.
8) If applicant is a business entity, enter the	state of incorporation/formation/organization: Florida Familia Enterprises, Inc.
	Typed or Printed Name of Owner
STATE OF Floride	Owner's Signature or Authorized Person's Signature
COUNTY OF <u>Orange</u>	
Sworn to and subscribed before me on this $\frac{7}{3}$	day of <u>September</u> , 2018 <u>Tony Familia</u> (Name of Individual Signing)
who is personally known to me whose	identity I proved on the basis of FL-DL# F540-800-79-128
(Seal) ANTHONY ALBRING NOTARY PUBLIC STATE OF FLORIDA Comm# GG116238 Expires 6/19/2021	Norary Public's Signature

OFFICIAL SPECIMEN









Fax: (407) 847-8185 email: familiaagency@yahoo.com

