

T14000000541

(Requestor's Name)

(Address)

W14-24257

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

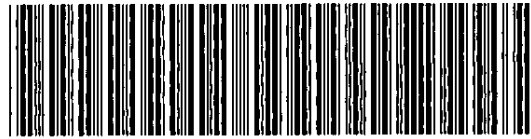
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400256341514

T14-541

FILED
14 MAY 22 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2014

N. CAUSSEUX

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE 04/09/2014

S.W./Agency Voucher No.

OLO 650000

JT-2

D40-0053-1655

DEPARTMENT DEPARTMENT OF ELDER AFFAIRS

004825

SITE DEPARTMENT OF ELDER AFFAIRS

Z

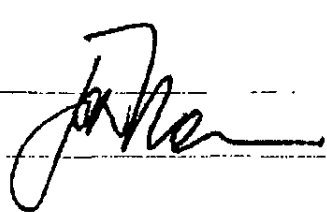
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
CFO ACCOUNT NAME			25	45
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
65101000503-6510060000-04000000		4618	87.50	
DEPT OF ELDER AFFAIRS-GENERAL R. EXPENSES				
INV: SVS MARK	87.50			
65202261001-6510040000-04000000		4618	87.50	
FEDERAL GRANTS TF EXPENSES				
INV: SVS MARK	87.50			
45101000132-4530010000-00010000				175.00
GENERAL REVENUE FUND FEES				

TOTAL	TOTAL
175.00	175.00

TRANSACTION TYPE: JOURNAL ADVICE

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For CFO Use Only

APPROVED: 

TITLE

Time In

Audited By

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Serving Health Insurance Needs of Elders

(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:

Jason B. Nelson

(Name of Person)

Florida Department of Elder Affairs

(Firm/Company)

4040 Esplanade Way, Suite 315

(Address)

Tallahassee, FL 32399-7000

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason B. Nelson

(Name of Person)

at **850** **414-2129**

(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.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

JASON B. NELSON
FLORIDA DEPT. OF ELDER AFFAIRS
4040 ESPLANADE WAY, SUITE 315
TALLAHASSEE, FL 32399-7000

SUBJECT: "SHINE" WRITTEN OVER A SUNBURST DESIGN & SLOGAN
"SERVING HEALTH INSURANCE NEEDS OF ELDERS" & "FLORIDA
DEPARTMENT OF ELDER AFFAIRS" "FLORIDA SHIP" BORDERS THE LEFT
SIDE

Ref. Number: W14000024257

We have received your document for "SHINE" WRITTEN OVER A SUNBURST DESIGN & SLOGAN "SERVING HEALTH INSURANCE NEEDS OF ELDERS" & "FLORIDA DEPARTMENT OF ELDER AFFAIRS" "FLORIDA SHIP" BORDERS THE LEFT SIDE, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$.

You must list a more specific service in #2(a) in Part I of the application.

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: 714A00008214



RICK SCOTT
GOVERNOR

CHARLES T. CORLEY
SECRETARY

May 20, 2014

Florida Department of State
Division of Corporations
C/O Nanette Causseaux
Post Office Box 6327
Tallahassee, FL 32314

RE: Service Mark Applications:

Letter Number 714A00008214, Reference Number W14000024257

Letter Number 114A00008214, Reference Number W14000024252

Dear Ms. Causseaux,

The Department of Elder Affairs ("Department") received your letters dated April 16, 2014, concerning the Department's two pending service mark applications.

Pursuant to our telephone conversation on May 5, 2014, a voucher schedule is enclosed documenting a journal transfer payment of \$87.50 for each service mark application, totaling \$175.00.

In response to your request for more specific service descriptions in #2(a) of Part I of the applications, a revised version of each previously submitted application is enclosed containing updated responses to this item.

If the Department can provide any additional information that will assist in processing our service mark applications, please contact me by telephone at (850) 414-2342, or by email at SpillersSC@elderaffairs.org.

Sincerely,

Sarah Catherine Spillers
Assistant General Counsel
Department of Elder Affairs
Phone: (850) 414-2342
Fax: (850) 414-2126

Enc:

Revised Service Mark Application, Reference Number W14000024252

Revised Service Mark Application, Reference Number W14000024257

Voucher Schedule dated April 9, 2014

4040 ESPLANADE WAY
TALLAHASSEE, FLORIDA
32399-7000

phone 850-414-2000
fax 850-414-2004
TDD 850-414-2001

<http://elderaffairs.state.fl.us>

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

FILED
14 MAY 22 AM 10:30
TALLHASSEE, FLORIDA
SECRETARY OF STATE

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: Florida Department of Elder Affairs
(b) Owner's/Applicant's business address: 4040 Esplanade Way
Tallahassee, FL 32399-7000
City/State/Zip

If different, Owner's/Applicant's mailing address: _____
City/State/Zip

(c) Owner's/Applicant's telephone number: (850) 414-2129

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: State Agency

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: _____
(2) Domicile State or Country: Florida
(3) Federal Employer Identification Number: 59-3462-720

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.)

The SHINE (Serving Health Insurance Needs of Elders) Program provides information, counseling, and assistance related to Medicare, Medicaid,

health insurance, long-term care insurance, and fraud prevention. SHINE provides educational presentations to community groups and disseminates

information regarding health promotion, consumer protection, and beneficiary rights at numerous health and senior fairs throughout the state.

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:

Flyers, websites, newspaper advertisements, brochures, training materials, letterheads, decals, and signs.

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore 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:

Class 45: Personal and social services rendered by others to meet the needs of individuals; and security services for the protection of property and individuals.

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: 12/23/2009

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.)

"SHINE" written over a sunburst design, above "Serving Health Insurance Needs of Elders"
and "Florida Department of Elder Affairs." "Florida SHIP" borders the left side.

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)" _____, Health, Insurance.

Florida, Department, Elder Affairs, "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, Jason B. Nelson, 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.

Jason B. Nelson

Typed or printed name of applicant

Jason B. Nelson, Deputy General Counsel
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Leon

Sworn to and subscribed before me on this 20th day of May, 2014, Jason B. Nelson
(Name of Individual Signing)

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



Norine E. Tindall
Notary Public Signature
Norine E. Tindall
Notary's Printed Name

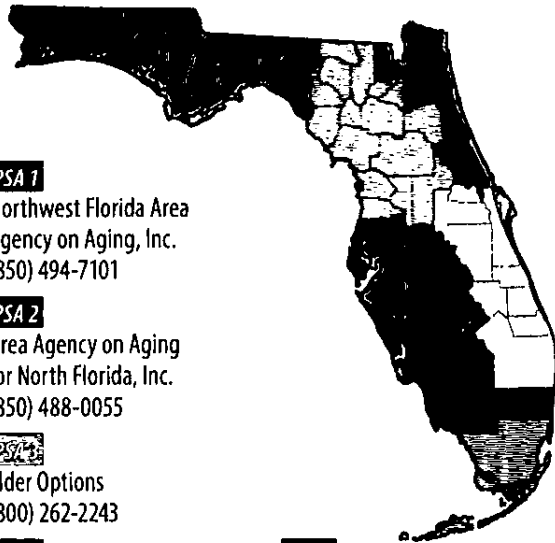
My Commission Expires: 8/26/17

FILING FEE: \$87.50 per class

FILED
14 MAY 22 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Contact your local **Aging and Disability Resource Center** for referrals, information about services for older adults and caregivers, and partnership opportunities.

PSA – Planning and Service Area



PSA 1

Northwest Florida Area Agency on Aging, Inc.
(850) 494-7101

PSA 2

Area Agency on Aging for North Florida, Inc.
(850) 488-0055

PSA 3

Elder Options
(800) 262-2243

PSA 4

ElderSource The Area Agency on Aging of Northeast Florida
(904) 391-6600

PSA 5

Area Agency on Aging of Pasco-Pinellas, Inc.
(727) 570-9696

PSA 6

West Central Florida Area Agency on Aging, Inc.
(813) 740-3888

PSA 7

Senior Resource Alliance
(407) 514-1800

PSA 8

Senior Choices of Southwest Florida
(239) 652-6900

PSA 9

Area Agency on Aging of Palm Beach/Treasure Coast
(561) 684-5885

PSA 10

Aging and Disability Resource Center of Broward County, Inc.
(954) 745-9567

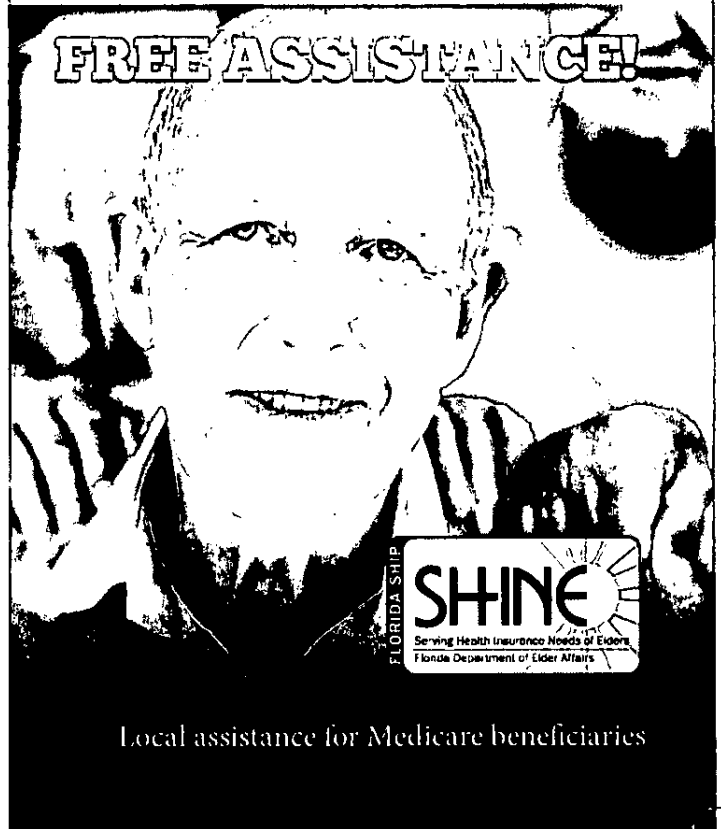
PSA 11

Alliance for Aging, Inc.
(305) 670-6500

MEDICARE and HEALTH INSURANCE

Counseling and Information From an Unbiased Source

FREE ASSISTANCE!



DEPARTMENT OF ELDER AFFAIRS
4040 Esplanade Way | Tallahassee, FL 32399-7000
Phone: 850-414-2000 | elderaffairs.state.fl.us

Local assistance for Medicare beneficiaries

WHAT CAN THE SHINE PROGRAM DO FOR YOU?

- The Florida SHINE (Serving Health Insurance Needs of Elders) Program can help you understand your Medicare benefits.
- The SHINE Program can help you determine which Medicare Prescription Drug Plan best fits your needs.
- The SHINE Program can answer your questions about Medigap, long-term care insurance policies, and other health insurance programs for seniors.
- The SHINE Program can assist Medicare beneficiaries in specific areas such as home health benefits, Medicare claims and appeals, and other Medicare issues.
- The SHINE Program can give you details about benefits available in your area and refer you to other helpful programs.
- The SHINE Program can offer educational presentations or public speeches on a variety of health insurance topics.

SHINE services are free, unbiased, and available to the following:

- Medicare Beneficiaries
- Caregivers or Representatives
- Health Care Professionals
- Community Groups
- Faith-Based Organizations and More!

"SHINE helped me straighten out my insurance and my medical bills. I have a limited income household, so SHINE was a tremendous help to me!"

SHINE counselors are committed to helping you make informed choices for yourself regarding your insurance benefits. Counselors and volunteers are not affiliated with any insurance company and will not attempt to sell you insurance. All counseling records are strictly confidential.



MAKE A DIFFERENCE

If you enjoy interacting with people, learning new things, and are willing to fill a serious need by volunteering, the SHINE Program may have the perfect opportunity for you. Contact SHINE today, and ask about becoming a volunteer.

Have questions about
Medicare, health insurance,
prescription assistance, or
long-term care?

Let a SHINE counselor be your guide!



Contact **SHINE**
(Serving Health Insurance Needs of Elders)

1-800-963-5337

*SHINE provides free and unbiased health insurance
counseling through a network of volunteers; empowering
Florida seniors to make informed health choices*

