

T15000000071

(Requestor's Name)

(Address)

(Address)

W14-67106

(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



600265495546

11/04/14--01019--023 **175.00

T15-071

FILED
15 JAN 26 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2015

N. CAUSSEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caribbean Fusion

(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:

Attn: Casmore Shaw

(Name of Person)

Caribbean and Floridian Assoc.

(Firm/Company)

PO Box 450786

(Address)

Kissimmee, FL 34743

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy McCland

(Name of Person)

at (407) 957-6794

(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

November 5, 2014

ATTN: CASMORE SHAW
CARIBBEAN AND FLORIDIAN ASSOC.
P.O. BOX 450786
KISSIMMEE, FL 34743

SUBJECT: CARIBBEAN FUSION
Ref. Number: W14000067106

We have received your document for CARIBBEAN FUSION and your check(s) totaling \$175.00. However, the document has not been filed and is being retained in this office for the following:

In lieu of returning your document, we have corrected your document to reflect the appropriate class(es). Your mark falls under class(es) "41 & 36".

If you agree with the corrections needed and would like this office to proceed with your filing, please notify this office in writing or by fax at 850-245-6030 to the attention of the undersigned.

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: 414A00023650

Caribbean & Floridian Association, Inc.
P.O. Box 450786
Kissimmee, FL 34743
(407)953-5544

January 23, 2015

By Fax;
To (850) 245-6030
From: (407) 935-1251

ATTN: Ms. Nanette Causseaux
Regulator Specialist II, Supervisor
Florida Department of State
Division of Corporation
P.O Box 6327
Tallahassee, FL 32314

RECEIVED
15 JAN 26 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Dear Ms. Causseaux:

Subject: CARIBBEAN FUSION Ref. Number: W14000067106
Letter Number: 414A00023650

Thank you so very much for your timely response to the Caribbean & Floridian, Inc.'s, request for the trade mark of Caribbean Fusion. The association is in agreement with your correction as evidenced in your letter of November 5, 2014, "41 & 36". We appreciate the excellent customer service that you are providing to the community.

Should you have any further questions, please do not hesitate to contact me at (407) 953-5544 or casmoreshaw@aol.com

Sincerely,


Casmore A. Shaw,
President and Chairman of the Board of Directors

Attachment:

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

FILED
15 JAN 26 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Caribbean And Floridian Association, Inc.

(b) Owner's/Applicant's business address: 3401 Pineridge Circle

Kissimmee, FL 34746-3673

City/State/Zip

If different, Owner's/Applicant's mailing address: PO Box 450786

Kissimmee, FL 34743

City/State/Zip

(c) Owner's/Applicant's telephone number: (407) 429-5304

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: 85-8012645776C-3 *N46379*

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 59-3131979

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.)

Non-Profit Outdoor Festival/Family Fun Day with food vendors, entertainment,
merchandise and service booths to raise money for scholarships.

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.)

No 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:

Newspapers, Billboards, Radio, Chamber and City of Kissimmee, Website, Local Govt TV, Posters and Rack Cards.

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:

None

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 41 and Class 43.

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: January 15, 2014

(b) Date first used in Florida: January 15, 1995

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.)

Caribbean Fusion

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) "Caribbean"

_____ "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, Casmore Shaw

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.

Casmore Shaw

Typed or printed name of applicant

Casmore Shaw

Applicant's signature
(List name and title)

STATE OF Florida

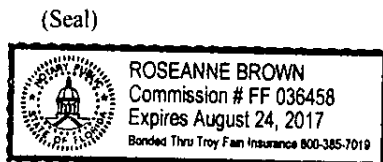
COUNTY OF Polk

Sworn to and subscribed before me on this 9th day of October, 2014, Casmore Shaw
(Name of Individual Signing)

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

Roseanne Brown
Notary Public Signature

Roseanne Brown
Notary's Printed Name



My Commission Expires: 8/24/17

FILING FEE: \$87.50 per class

FILED
15 JAN 26 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICIAL SPECIMEN

Caribbean FUSION

SUNDAY APRIL 27TH, 2014

Kissimmee-Lakefront Park
320 E. Monument Ave, Kissimmee, FL 34745

FREE ADMISSION
12:00 noon to 7:00 pm

FREE HEALTH FAIR
12:00 noon to 4:00 pm

Hosted by The Caribbean & Floridian Association Inc. (CAFA)

BRINGING DIVERSITY INTO OSCEOLA COUNTY BY
SHOWCASING THE BEST OF CARIBBEAN CULTURE
WITH FOOD, MUSIC, CRAFTS AND THE ARTS

FOR INFORMATION CALL:

Andy... 407-694-7497
Danna... 407-856-4612
Roy... 407-791-27...
Janie... 407-782-16...
Norma... 407-390-2...

...and much, much...

