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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

W15-47163 ✓

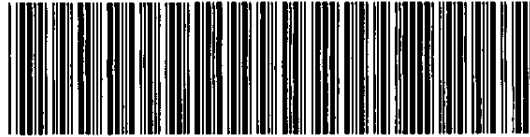
(Business Entity Name)

(Document Number)

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115-852

07/14/15--01003--030 **87.50

08/14/15--01023--007 **87.50

FILED
15 JUL 31 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG -4 2015

N. CAUSSEAU

COVER LETTER

T15-852

TO: Registration Section
Division of Corporations

SUBJECT: CoralWayAnimalClinic.com

(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:

Hector E. Lora, Esq.

(Name of Person)

The Lora Law Firm, LLC

(Firm/Company)

174 N.E. 106th St.

(Address)

Miami Shores, FL 33138

(City/State and Zip Code)

For further information concerning this matter, please call:

Hector E. Lora, Esq.

(Name of Person)

at (786) 553-8082

(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

July 14, 2015

HECTOR E. LORA, ESQUIRE
THE LORA LAW FIRM, LLC
174 N.E. 106TH STREET
MIAMI SHORES, FL 33138

SUBJECT: CORALWAYANIMALCLINIC.COM
Ref. Number: W15000047163

We have received your document for CORALWAYANIMALCLINIC.COM and your check(s) totaling \$87.50. 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) "44 & 35".

There is a balance due of \$87.50.

"SALES OF PRODUCTS" fall under class 35

In lieu of returning your document, we have corrected the disclaimer statement on your document. We have inserted the term(s) ".COM" in your disclaimer statement. A disclaimed term is still considered part of your mark. You simply do not claim the exclusive right to the use of the disclaimed term(s) apart from your mark.

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: 015A00014717

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

15 JUL 31 AM 10:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Coral Way Animal Clinic Corporation

(b) Owner's/Applicant's business address: 2240 Coral Way

Miami, FL 33145

City/State/Zip

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

City/State/Zip

(c) Owner's/Applicant's telephone number: 305 788-5462

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: P10000053798 ✓

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 27-2949060

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.)

Veterinary services and hygienic, beauty and nutritional products for animals

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:

Internet advertising, business cards, brochures and/or pamphlets.

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:

44 + 35

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: June 28, 2010

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.)

CoralWayAnimalClinic.com

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)" .Com

_____ "APART FROM THE MARK AS SHOWN.

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

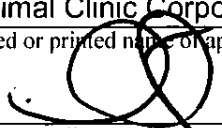
Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. 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, Oscar Paez Castro, D.V.M., as President, 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.

Coral Way Animal Clinic Corporation

Typed or printed name of applicant



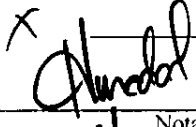
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Miami-Dade

Sworn to and subscribed before me on this 8 day of July, 2015, Oscar Paez Castro, D.V.M.
(Name of Individual Signing)

who is personally known to me whose identity I proved on the basis of Florida Driver's License



Notary Public Signature

Humberto Meda
Notary's Printed Name



My Commission Expires: 2/16/2015

FILING FEE: \$87.50 per class


FILED
JUL 31 AM 10:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

7/7/2015,

Coral Way :: Animal Clinic

 (<https://www.facebook.com/pages/Coral-Way-Animal-Clinic/129222930460754?fref=ts>) 

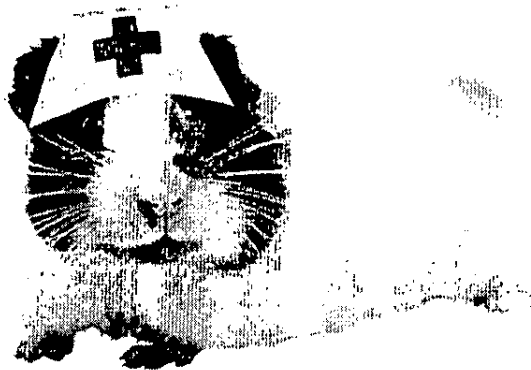
(<https://instagram.com/coralwayanimalclinic>)

Call Us! 305 381 0561 (tel:3053810561) 



(<http://www.coralwayanimalclinic.com/>)

Menu



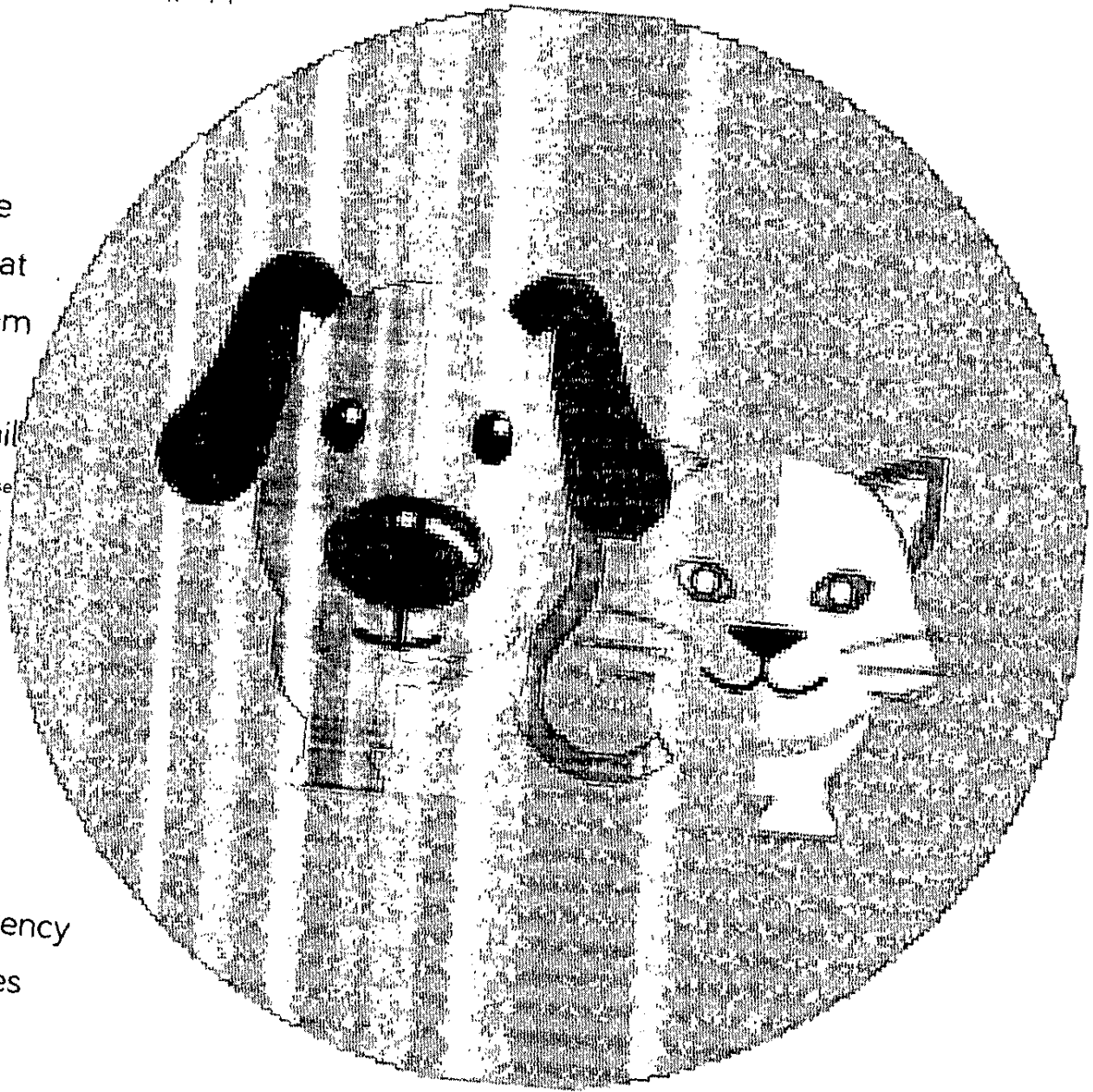


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2
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Complimentary
Alternative
Medicine
Approach

Our services

About Us



We
treat
them
like
family

Our se
About

24
Hour
Emergency
Services
on
Call

Our services
Our promise
About Us

We strive to provide the highest quality medical and surgical care to our patients in a safe, clean, and friendly environment and educate and assist you in all aspects of your pet's care.

Complimentary
Alternative

SERVICES

Medicine Approach

Our services
About Us



Preventative Care

Diagnosis

We treat them like family

Our services
About Us

(http://www.coralwayanimalclinic.com/digisolution_services/http://www.coralwayanimalclinic.com/digisolution_services/service)



Procedures

Surgeries

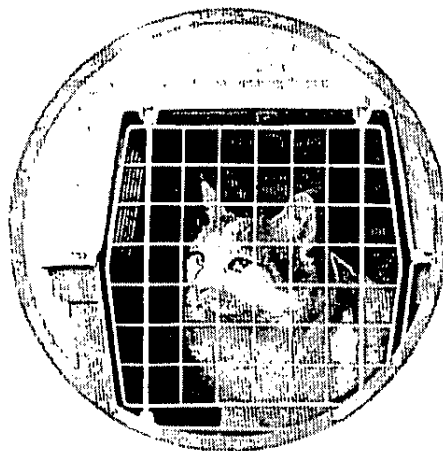
(http://www.coralwayanimalclinic.com/digisolution_services/http://www.coralwayanimalclinic.com/digisolution_services/service)



Nutrition

Skin care

(http://www.coralwayanimalclinic.com/digisolution_services/http://www.coralwayanimalclinic.com/digisolution_services/service)



Other

(http://www.coralwayanimalclinic.com/digisolution_services/service/view/id/7/)

OUR SUCCESS STORY

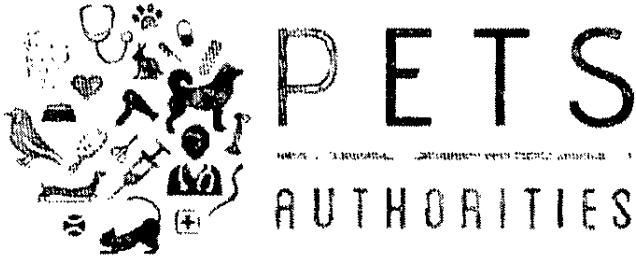
Our friendly environment makes sure that the clients and their pets are comfortable which is a significant part of the healing process.

Our staff is always willing to provide assistance to the client and make their experience at the clinic the best.

Our services are available in a variety of languages in an effort to accommodate our diverse clientele. English, Spanish, and French are some of the languages that are used in the clinic.

At Coral Way Animal Clinic we do not only offer treatment; we provide client education and also explain procedures to ensure that the decisions made are from a point of information. Incorporating a complementary alternative medicine approach in treating some conditions is one of the ways that we provide effective treatments that affect our pets.

We invite you to take advantage of our 31 years' experience, our qualified staff, state of the art equipment, friendly environment and flexible hours to get the best for your pet.



Everything you need for your pet, just one click away!

ENTER THE SHOP (<http://petsauthorities.com>)





RESOURCES

[Payments](#) [Online Forms](#) [Insurance](#)

CONTACT US

Have any questions or comments?

 2240 Coral Way Miami, FL 33145

 305-381-0561 / Fax: 305-381-0563 (tel:305-381-0561 / Fax: 305-381-0563)

woof! [Want to make an appointment? click here!](#)

CONTACT US

Blog (<http://www.coralwayanimalclinic.com/blog/>)

Online Store

Resources

SUBSCRIBE TO OUR NEWSLETTER

Keep updated with our latest news

Email

SUBSCRIBE

*The white rabbit says
you have to!*



FOLLOW US!

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(<https://instagram.com/coralwayanimalclinic>)

WE ACCEPT



Customer Service (<http://www.coralwayanimalclinic.com/customer-service/>) - Privacy Policy

(<http://www.coralwayanimalclinic.com/privacy-policy/>) - 3D visit to our clinic (<http://www.coralwayanimalclinic.com/3d-visit/>)

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