

T160000000321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

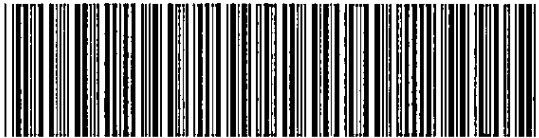
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600357910496

01/14/21--01014--005 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JAN 14 PM 5:33

FILED

2021
JAN 14

COVER LETTER

TO: Registration Section
Division of Corporations

Gardens Orthodontics

SUBJECT: _____
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward J. Welch, Esq.

(Name of Person)

Welch Law, PLLC

(Firm/Company)

110 Front Street, Suite 300

(Address)

Jupiter, FL 33477

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward J. Welch, Esq. 561 413-9536

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

MAILING ADDRESS:

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

FILING FEE: \$87.50 per class
CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

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

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Gardens Orthodontics, LLC

11360 Legacy Avenue, Suite 120, Palm Beach Gardens, FL 33458

Return To: Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Gardens Orthodontics

1) Mark Registered: _____

T16000000321

2) Registration Number: _____

03/31/2016

03/31/2021

One Class: 44

3) Date Filed: _____ 4.) Renewal Date: _____ 5.) Class(es) Filed: _____

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

The mark is still in use in Florida.

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

FL

8) If applicant is a business entity, enter the state of incorporation/formation/organization: _____

Arghavan Welch, Manager

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75

(Optional)

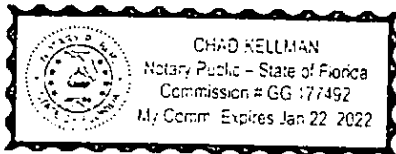
Typed or Printed Name of Owner

Arghavan Welch
Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA

COUNTY OF Florida

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this (numeric date) this 8 day of January, 2021, by (Arghavan Welch)
numeric date month year name of person making statement



Chad Kellman
Notary Public's Signature

chad kellman
Notary Public's Printed Name

STATE OF FLORIDA

2021 JAN 14 PM 5:33

FILED

Personally Known OR Produced Identification FL

FL Driver License

Type of Identification Produced: _____



Dr. Arghavan Welch
Board Certified Orthodontist

office@gardensorthodontics.com
561.627.3500

11360 Legacy Ave. Suite 120
Palm Beach Gardens, FL 33410

www.gardensorthodontics.com

FIND US    