

T16000001055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

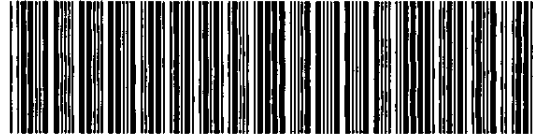
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600288873666

T16-1055

W16-59330 ✓

08/19/16--01019--026 **87.50

16 NOV 14 AM 9:54
STATE
OF FLORIDA

N. CAUSSEAU

NOV 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: cbp Corporate Benefit Partners
(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:

Constance Chiara
(Name of Person)

Corporate Benefit Partners
(Firm/Company)

2255 Glades Rd #324A
(Address)

BoCA Raton, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Constance Chiara at (561) 862-8073
(Name of Person) (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

August 29, 2016

CONSTANCE CHIARA
CORPORATE BENEFIT PARTNERS
2255 GLADES ROAD #324 A
BOCA RATON, FL 33487

SUBJECT: CORPORATE BENEFIT PARTNERS & LETTERS "CBP" & SLOGAN
"YOUR EMPLOYEE BENEFITS PARTNER"
Ref. Number: W16000059830

We have received your document for CORPORATE BENEFIT PARTNERS & LETTERS "CBP" & SLOGAN "YOUR EMPLOYEE BENEFITS PARTNER" and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

The specimens you have submitted are not acceptable. The name and/or design on your specimens are/is not identical to the name and/or design you have listed in Part III of the application. Please submit three specimens that are identical to the name and/or design you listed in Part III.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "BENEFIT"

The specimens must include the slogan.

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: 116A00018386

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

RECEIVED
16 NOV 14 AM 09:54
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: ~~Constance~~ ~~Ch...~~ Corporate Benefit

(b) Owner's/Applicant's business address: 2255 Glades Rd # 324A Partners
Boca Raton, FL 33431 LLC
City/State/Zip

If different, Owner's/Applicant's mailing address: 17222 Bermuda Village Dr
Boca Raton, FL 33487
City/State/Zip

(c) Owner's/Applicant's telephone number: 561 862-8073

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: L15000089233
(2) Domicile State or Country: Florida
(3) Federal Employer Identification Number: 47-4126962

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.)

Employee Benefits Brokerage and Consulting Services

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:

Business Cards - Brochures - Website
Proposals - Letterhead
Advertising - Social Media

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:

36

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: 6/1/2016

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.)

Corporate Benefit Partners

cbp - blue-green + yellow

cbp Corporate Benefit Partners ~~Corporate Benefit Partners~~

Provide the English translation of any and all terms listed #1 above, when applicable:

"Your Employee Benefit Partner"

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) Partners, Corporate, Benefit, _____ "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, Constance F. Chiara, 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.

Constance CHIARA
Typed or printed name of applicant
Constance Chiara
Applicant's signature
(List name and title)

16 NOV 14 AM 09:56
NOTARY PUBLIC STATE OF FLORIDA

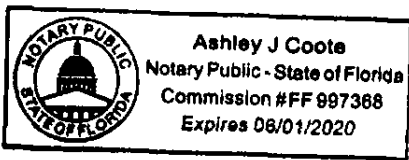
STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to and subscribed before me on this 16 day of AUGUST, 16, CONSTANCE CHIARA
(Name of Individual Signing)

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

Ashley J Coote
Notary Public Signature
Ashley J Coote
Notary's Printed Name

(Seal)



My Commission Expires: 06/01/2020

FILING FEE: \$87.50 per class

Web Page



HOME ABOUT APPROACH SERVICES NEWS EVENTS CONTACT



At Corporate Benefit Partners we believe that when executed correctly, employee benefit plans help improve productivity, reduce turnover, create a culture of wellness and contribute to your employment brand.

We work with you to evaluate your current plan performance and together we will develop a strategy designed to improve your ability to:

- Get the best possible pricing from the insurance marketplace**
- Drive a high value perception in the minds of your employees**
- Educate employees on their role in keeping health care cost down**
- Minimize compliance risk**
- Leverage technology for improved efficiency**

Our services are specifically designed to drive more value for each employee benefit dollar spent.

