

T17000000733

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W17-23189 ✓  
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 JUN -5 PM 11:01

N. CAUSSEAU

JUN - 6 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ferti Max Plus

(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:

Ahmad Saleh

(Name of Person)

FertiPharma LLC

(Firm/Company)

5951 NW 173rd Drive ST 5

(Address)

Hialeah FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Ahmad Saleh

(Name of Person)

at ( 305 ) 906 7052

(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

March 17, 2017

AHMAD SALEH  
FERTIPHARMA LLC  
5951 NW 173RD DRIVE, SUITE 5  
HIALEAH, FL 33015

SUBJECT: FERTIMAX PLUS  
Ref. Number: W17000023189

We have received your document for FERTIMAX PLUS 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 must list a more specific product in #2(b) in Part I of the application.

If this product is used to increase the fertility in men, you need to state in Part I 2 (b) "PRODUCT USED TO INCREASE THE FERTILITY IN MEN."

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three publications. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

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: 717A00005143

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
2011 Jun-5 PM 11:01

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: FertiPharma LLC

(b) Owner's/Applicant's business address: 5951 NW 173rd Drive ST 5  
Hialeah FL 33015

City/State/Zip

If different, Owner's/Applicant's mailing address: \_\_\_\_\_

City/State/Zip

(c) Owner's/Applicant's telephone number: 305 ) 906 7052

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: L16000136542

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 38-4009595

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)

Product used to increase the fertility in men.

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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:

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**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:

The trade mark is the brand name printed on the label of the products

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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 5 pharmaceuticals

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**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: N/A

(b) Date first used in Florida: 1-3-2017

**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.)

Ferti Max Plus

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) "Plus"

\_\_\_\_\_ "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, FertiPharma LLC, 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.

Ahmad Saleh  
\_\_\_\_\_  
Typed or printed name of applicant  
[Signature]  
\_\_\_\_\_  
Applicant's signature  
(List name and title)

STATE OF Florida

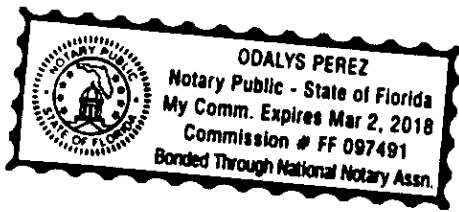
COUNTY OF Miami Dade

Sworn to and subscribed before me on this 25<sup>th</sup> day of May 2017 Ahmad Saleh  
(Name of Individual Signing)

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

[Signature]  
\_\_\_\_\_  
Notary Public Signature  
Odalys Perez  
\_\_\_\_\_  
Notary's Printed Name

(Seal)



My Commission Expires: 3/2/2018

FILING FEE: \$87.50 per class

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 JUN -5 PM 11:01

# OFFICIAL SPECIMEN

**Other Ingredients:**

Vegetable Cellulose Capsule.

**Directions:**

Adults Take Two (2) Capsules twice daily.

Keep out of Reach of Children.

Store in a cool dry place.

Do not use if safety seal is broken.

**فورتني ما كمن بلس**

المكوّنات: فيتامين هـ، فيتامين ج، ليكوتين، ل-ميثيونين، فيتامين أ.

هوليوك أسيد، سيالينوم، فيتامين ب-12، زنك، فيتامين ب-6، أسيتيل ل

كارنيدين، كولين، فيتامين ب-1، فيتامين ب-2، دويال جلي، ل-أرجينين،

ن أسيتيل سيستين.

المكوّنات الأخرى: كبسولة فينيتل سيالونو.

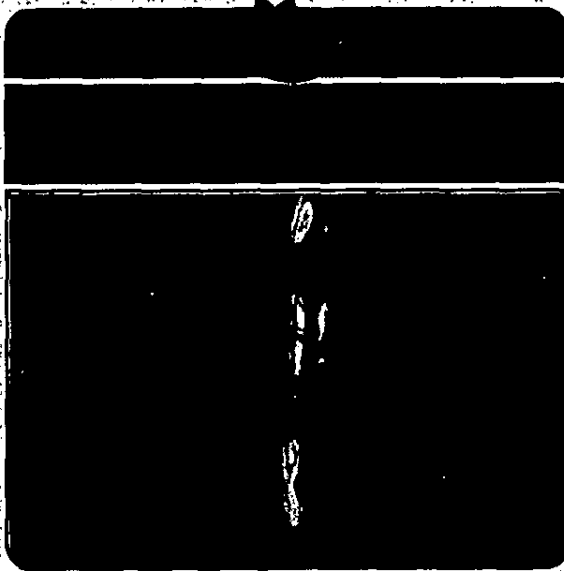
الجرعة اليومية، كبسولتين مرتين يومياً.

يحفظ في مكان بارد وجاف.

يحفظ بعيداً عن متناول الأطفال.

مضاهة شركة فورتني فارما ل سي

بند المنشأ: الولايات المتحدة الأمريكية.



**Supplement Facts**

Serving Size: 4 Capsules      Serving Per Container: 30

Amount Per Serving	% Daily Value	
Acetyl-L-Carnitine	800 mg	*
Royal Jelly	300 mg	*
L-Arginine	200 mg	*
N-Acetyl Cysteine	200 mg	*
Vitamin C	75 mg	100 %
Lycopene	75 mg	*
Coenzyme Q10	50 mg	*
L-Methionine	25 mg	*
Vitamin B3	16 mg	100 %
Zinc	11 mg	100 %
Vitamin B2	1.3 mg	100 %
Folic Acid	400 mcg	100 %
Selenium	55 mcg	100 %
Vitamin B12	2.4 mcg	100 %
Vitamin A	900 IU	38 %
Vitamin E	15 IU	100 %

\* Daily Value not established



01/2020



Manufactured by FertiPharma LLC **MADE IN USA**