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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

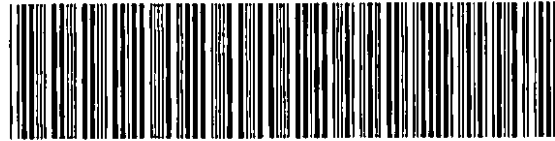
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2013 JAN 25 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 JAN 25 AM 12:25

K SATY
JAN 25 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "I Got My Life Back" service mark
(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:

Guyte P. McFord, III, General Counsel
(Name of Person)

Medical Marijuana Treatment Centers of Florida, LLC
(Firm/Company)

1639A Village Square Blvd.
(Address)

Tallahassee, FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Guyte P. McFord, III, Esq. at (850) 251-2391
(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.)

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

FILED
2013 JUN 25 3:11:14
CLERK OF THE 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: Medical Marijuana Treatment Centers of Florida, LLC

(b) Owner's/Applicant's business address: 11639 Village Square Blvd.
Tallahassee, FL 32309
City/State/Zip

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

(c) Owner's/Applicant's telephone number: (850) 901-5000

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: L16000179944
(2) Domicile State or Country: Florida, Leon County
(3) Federal Employer Identification Number: 81-3982147

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.)

Issuance of Physician Patient Certifications for purchase of
medical cannabis products from licensed Florida
dispensaries. EDUCATIONAL SEMINARS

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:

Newspaper advertisements, business cards, internet advertisements, brochures, flyers, pamphlets, information seminars, billboards, education services related to medical marijuana

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:

Class 41 Education and training
Class 44 medical services

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: January 1, 2016

FILED
2016 JAN 25 09:11:14
CLERK OF DISTRICT COURT
ALBUQUERQUE, NM

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.)

The slogan being registered: "I got my life back."
This slogan is being registered as it relates to services provided
regarding medical marijuana or cannabis medical
services.

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) , life

_____ "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, Guyte P. McCord III, 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.

Guyte P. McCord III
Typed or printed name of applicant

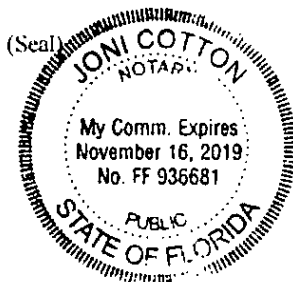
Guyte P. McCord III
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Leon

Sworn to and subscribed before me on this 25 day of January 2019 Guyte P. McCord III
(Name of Individual Signing)

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



Joni Cotton
Notary Public Signature
Joni Cotton
Notary's Printed Name

My Commission Expires: November 16, 2019

FILING FEE: \$87.50 per class

FILED
2019 JAN 25 11:14
CLERK OF STATE
ATTORNEY GENERAL



Who We Are ▾ Do I Quality? Appointments Testimonials ▾ Locations ▾ Dispensaries ▾ More ▾

Risk-Free In-Office Medical Marijuana Assessments | Contact Us at 844-682-8261

Fort Walton | Jacksonville | Beach | Lakeland | Longwood | Orlando | Miami | North Fort | Pensacola | St. Petersburg | Tallahassee | The Villages | Winter Springs
10% Veteran Discount • NEW Patient Transfer Pricing

Welcome to Medical Marijuana Treatment Clinics of Florida



back."

I would like to introduce you to some of our patients and more importantly, help you discover the benefits of medical marijuana and the path to getting your life back.

Dr. Joseph Dorn MD, MBA



SEE WHAT OUR PATIENTS SAY ABOUT MEDICAL MARIJUANA



MMTC OF FLORIDA

mmtcfl.com - 844.682.8261



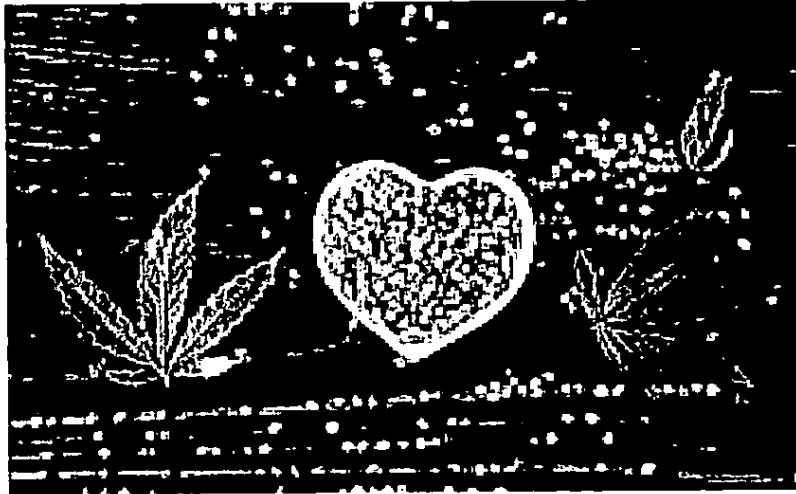
Side effects from my pain medication used to mean that I couldn't keep up with my kids.

Medical cannabis gives me relief without sacrificing movement.

I got my life back



holisticcannabis
A C A D E M Y



Online cannabis training for patients, caregivers, and practitioners.

MMTC has partnered with Holistic Cannabis Academy to bring curated educational courses to patients, caregivers, and those supporting loved ones. These online courses are for those looking to expand their knowledge about cannabis and for those interested in a more holistic approach to healthcare. These materials have helped our Tallahassee medical marijuana doctors, and our Tallahassee medical marijuana clinic, as well as doctors and patients in other locations.

Expert Education on Integrating Cannabis & CBD for Wellness

The Holistic Cannabis Academy is recognized as a cannabis education leader. They are endorsed and accredited with health professional organizations worldwide.

