

T19000000547

(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

K. SALY

APR 23 2024



700427891757

04/17/24--01031--009 \$497.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 17 PM 4:38

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARWIN FAMILY DENTAL CARE & Design

(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:

Amy Olsen

(Name of Person)

Heartland Dental, LLC

(Firm/Company)

1200 Network Centre Drive

(Address)

Effingham, IL 62401

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Olsen

217 606-5867

at ()

(Name of Person)

(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:

Heartland Dental, LLC

1200 Network Centre Dr., Effingham, IL 62401

Return To: Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

1) Mark Registered: DARWIN FAMILY DENTAL CARE

& Design

2) Registration Number: T19000000547

3) Date Filed: 04/29/2019 4.) Renewal Date: 04/29/2024 5.) Class(es) Filed: 44

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.

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

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75

(Optional)

Heartland Dental, LLC

Typed or Printed Name of Owner

Amy Olsen
Owner's Signature or Authorized Person's Signature

STATE OF WISCONSIN
COUNTY OF ST. CROIX

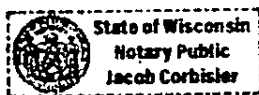
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 8 day of April, 2024, by (Amy Olsen).

numeric date

month

year

name of person making statement



J. Corbisier
Notary Public's Signature

Jacob Corbisier
Notary Public's Printed Name

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Drivers License

CR2E005 (1/20)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 17 PM 4:38

FILED



3037 SW Port St Lucie Blvd
Port St Lucie, FL 34953

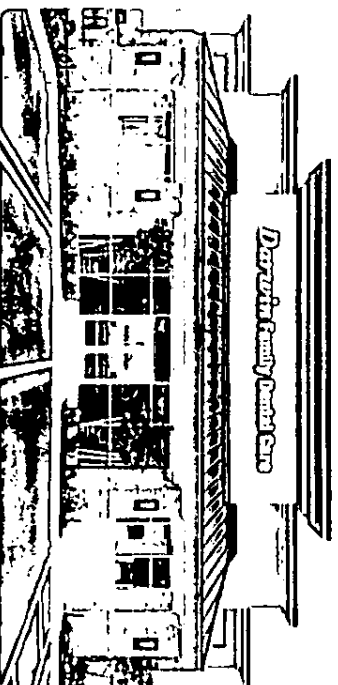
Make an Appointment

From dental cleanings to smile makeovers, our dedicated dental team is here for anything you or your family needs to take care of your oral health. We are passionate about what we do, and our top priority is making sure that you and your family feel confident about your smile.

For questions about our services or to schedule an appointment, please contact us today.

Make an Appointment

Call Today 772-212-2760



WE ACCEPT  Medicare
ADVANTAGE