T19000000809

(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:
CORRECTION TO DOCUMENT
PER CONVERSATION WITH
VALETTE PORTER
7/12/2019
KS

W19-53800

Office Use Only

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19 JUL -5 PM 8:00

K. SALY
JUL 12 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

VALETTE PORTER
P.O. BOX 1141
PALM CITY, FL 34991

SUBJECT: ADVOCATES FOR CAREGIVING, A SAVE PLACE
Ref. Number: W19000053800

We have received your document for ADVOCATES FOR CAREGIVING, A SAVE PLACE 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.

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

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 119A00011221

See attached

RECEIVED
JUL 05 2019

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

FI
19 JUL -5
TALLAHASSEE

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 Tr and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: ADVOCATES FOR CAREGIVING, LLC

(b) Owner's/Applicant's business address: 4880 SW Sensation St
Palm City, Fl 34990
City/State/Zip

If different, Owner's/Applicant's mailing address: P.O. Box 1141
Palm City, Fl 34991
City/State/Zip

(c) Owner's/Applicant's telephone number: (561) 251-1199

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 Dep of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's employer identification number (EIN) in #3.

(1) Florida registration/document number: L18000255272

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 83-2424081

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a t 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 used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail s tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific ser being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

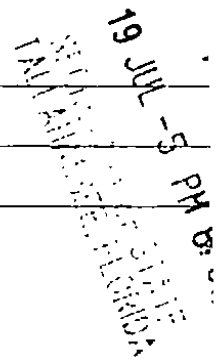
Counsulting

Training

Coaching

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trade applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to ident 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 mus form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of s how the name, logo, design and/or slogan are/is being used in advertising here:

Business Cards

Brochures

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the appli you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or e the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or sloga 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 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

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 st 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 logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, d 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 a 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: 11/2/2018

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 de must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design an slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

Name: Advocates for Caregiving

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. W you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclu right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and te 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)" A Safe Place

_____ "APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three sp FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the nar design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service m (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky sp are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Valette Porter, *being sworn, depose and say that I am the owner and the appl 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 pe 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 f thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusio cause mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I read the application and know the contents thereof and that the facts stated herein are true and correct.*

Valette Porter
Typed or printed name of applicant

Valette Porter
Applicant's signature
(List name and title)

19 JUL -5 PM 8:00

STATE OF Florida

COUNTY OF Martin

Sworn to and subscribed before me on this 10 day of May 2019 Valette Porter
(Name of Individual Signing)

☐ who is personally known to me ☒ whose identity I proved on the basis of FL DL

(Seal)

DESINEE N. LLAPUR
Notary Public, State of Florida
Commission# FF 928444
My comm. expires Oct. 18, 2019

Desinee N Llapur
Notary Public Signature

Desinee N Llapur
Notary's Printed Name

My Commission Expires: 10-18-19

FILING FEE: $87.50 per class

Valette Porter
Principle

(561) 251-1199

P.O. Box 1141
Palm City, FL 34991

Valette@adv4care.com

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Principle

(561) 251-1199

P.O. Box 1141
Palm City, FL 34991

Valette@adv4care.com

DO NOT MAKE
THE
CAREGIVING
JOURNEY
ALONE

Caregivers are often overlooked when it comes to providing care for those who are caring for others.

We are trained to help you care for yourself while caring for those you love.

Do not neglect the self-care required to help you function as an effective caregiver while continuing to embrace and make time for your non-caregiving time .

Advocates for Caregiving, LLC.
P.O. Box 1141
Palm City, FL 34991

Phone: 561.251.1199

Credentials

MBA; MAR; MAPC

Certified Caregiving Consultant®

CERTIFIED
CAREGIVING
EDUCATOR

ADVOCATES FOR CAREGIVING

Caring for the Caregiver

Facing the challenges of caregiving requires adequate preparation; preparation for the expected and the unexpected.

Advocates for Caregiving, LLC.

Helping Caregivers