

T/900000/243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

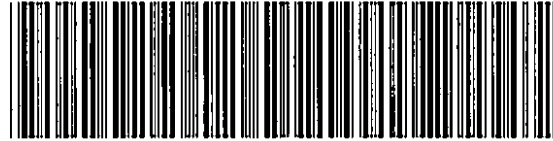
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W19-90688

Office Use Only



200334307682

09/17/13--01017--014 **340.00

FILED
19 OCT 29 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 5 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2019

MARGARITA DE LA ROSA
WELL-BEING COMMUNITY CENTER
3414 W 84TH ST, STE 100
HIALEAH GARDENS, FL 33018

SUBJECT: WELL-BEING COMMUNITY CENTER & SLOGAN "REBUILDING LIVES TOGETHER"

Ref. Number: W19000090688

We have received your document for WELL-BEING COMMUNITY CENTER & SLOGAN "REBUILDING LIVES TOGETHER" and your check(s) totaling \$340.00. 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.

Class(es) 41,44 & 45 would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) 41,44 & 45.

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

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: COMMUNITY CENTER

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 which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead,

9/19/2019 PM 1:27

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.

Please note "Together" is misspelled in Part III #1. Also, you have listed class 10 in Part I 2(d) but you have not listed a product in Part I 2(b).

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: 919A00020921

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Well - Being Community Center ref w19000090688

(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:

Margarita De La Rosa

(Name of Person)

Well- Being Community Center

(Firm/Company)

3414 w 84 th st, ste 100

(Address)

Hialeah Gardens, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

Hector M Arroyo

(Name of Person)

at (682) 234-0911

(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
19 OCT 29 AM 12:10
SECRETARY OF 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: well-being community center, corp.
(b) Owner's/Applicant's business address: 3414 w 84 th street , ste 100
Hialeah Gardens, FL 33018
City/State/Zip

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

(c) Owner's/Applicant's telephone number: () _____

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: P17000083689
(2) Domicile State or Country: Florida
(3) Federal Employer Identification Number: 82-3150293

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:

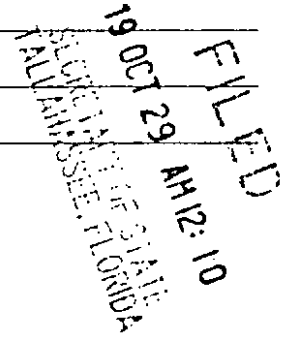
(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

Mental Health Services, Target Case Management, Psychosocial Rehabilitation, Primary Care Physician

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.)

N/A



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:

Brochures, Business Cards, Letter Heads

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:

N/A

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:

41,44,45

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: 10/17/2017

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.)

Well-Being Community Center , Is a letter W color blue with green and orange insert.

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

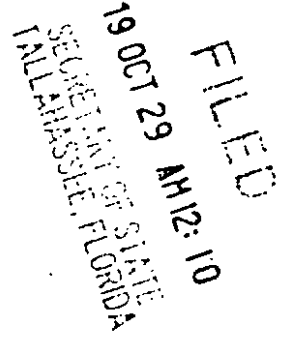
2. DISCLAIMER STATEMENT (if applicable):

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)" Community Center

_____ "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, Monzquita De La Rosa, 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.

Monzquita De La Rosa
Typed or printed name of applicant

[Signature]
Applicant's signature
(List name and title)

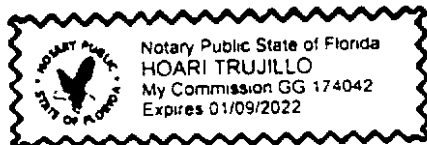
STATE OF Florida

COUNTY OF Miami Dade

Sworn to and subscribed before me on this 22 day of October, 19 Monzquita
(Name of Individual Signing)

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

(Seal)



[Signature]
Notary Public Signature
Hoari Trujillo
Notary's Printed Name

My Commission Expires: 01/09/2022

FILING FEE: \$87.50 per class

Rebuilding Lives Together

WELL-BEING COMMUNITY CENTER

Margarita de la Rosa

President and Executive Director

Tel (786) 313-3553

3414 W 84th St Suite 100
Hialeah Gardens, FL 33018

www.wellbeingcommunitycenter.com

wellbeing@wellbeingcommunitycenter.com



How do our doctors and therapists work and how do they care about our clients?

- ↓ Conducting a comprehensive and holistic ASSESSMENT to identify client's current and potential needs and stressors affecting client's functioning and emotional stability.
- ↓ Developing a person-centered TREATMENT PLAN in collaboration with client and their families to effectively address their needs.
- ↓ Providing therapeutic services and support to assist clients to accomplish client's goals and objectives.
- ↓ Monitoring and evaluating the effectiveness of services provided.
- ↓ Assisting with the discharge planning making sure that all goals were successfully attained, and appropriate level of independency and self-sufficiency was achieved.

Who is eligible for services?

Any individual experiencing either long-term or acute episodes of mental health impairment or emotional disturbance unable to deal with daily life challenges and stressors.

How is a client referred for services?

Clients can be referred by themselves, family and friends, healthcare providers, local community agencies, etc. If you think that you or maybe someone you know would benefit from our services, give us a call at (786) 313 3558 or just pass by our offices and an intake coordinator will assist you.

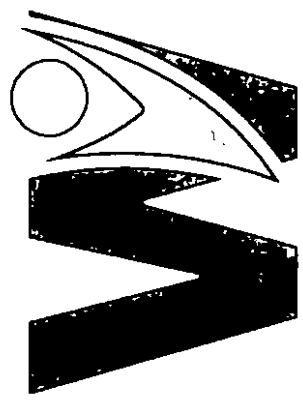
What is the cost for the services?

Services are absolutely free of cost for eligible individuals. Even those who don't qualify may receive the services for free, just call the number below or pass by our offices to find out how.

☎ (786) 313 3558

Business Hours

Day	Hours
Monday	9:00 AM – 5:00 PM
Tuesday	9:00 AM – 5:00 PM
Wednesday	9:00 AM – 5:00 PM
Thursday	9:00 AM – 5:00 PM
Friday	9:00 AM – 5:00 PM
Saturday	By Appointment
Sunday	Closed



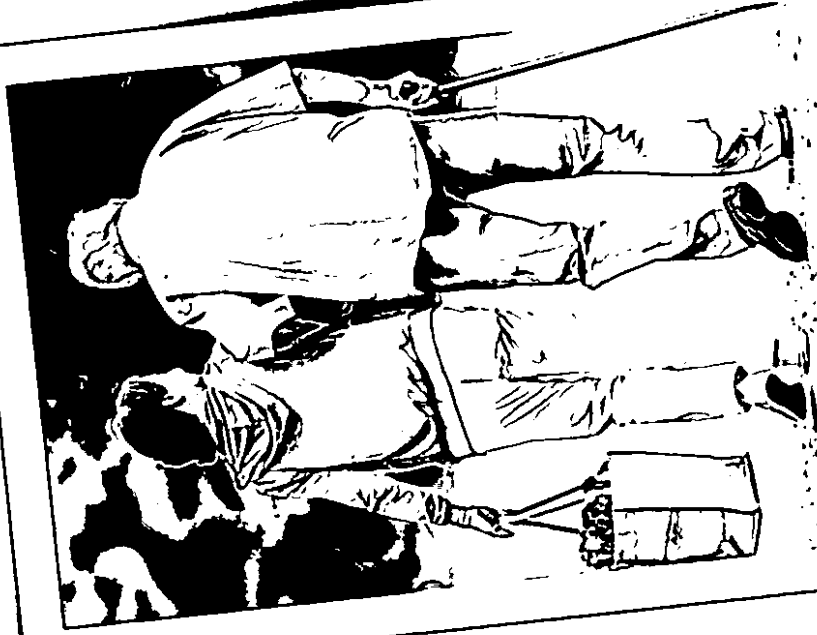
**WELL-BEING
COMMUNITY CENTER**

3414 W 84th St Suite 100
Hialeah Gardens, FL 33018

☎ (786) 313 3558
☎ (786) 360 5803

www.wellbeingcommunitycenter.com
wellbeing@wellbeingcommunitycenter.com

"A leader provider of Mental and Behavioral Health Services in Miami-Dade County"



**WELL-BEING
COMMUNITY CENTER**



Our Mission

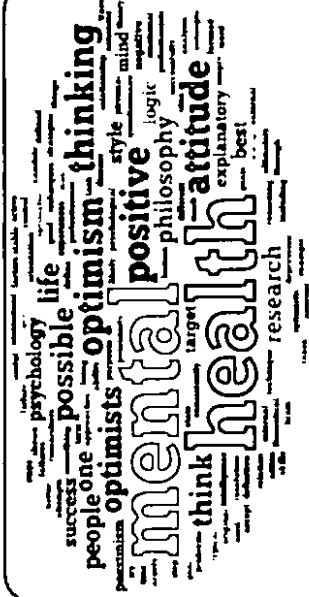
At Well-Being Community Center, we are committed and dedicated to the provision of comprehensive, quality client and client/family centered care and services, which are focused on the client's unique physiological, psychological, and emotional and spiritual needs. The general purpose is to prepare clients to function actively, adaptively and independently in society. Part of the process is to assist them in building a quality of life that might be achieved through treatment, education, employment, volunteer opportunities, developing social interactions and participation in hobbies or leisure activities. It supports a client to make changes in their values, goals, knowledge, skills and life roles

People not only need advice.

Sometimes they also need a

hand to hold. an ear to listen.

a heart to understand them...



Building a strong support network

We believe in the value of community supports that offer individuals assistance and hope in achieving their goals. Service coordinating and advocacy is made by establishing working relationship and collaboration with the most important community resources in the area including:

- ↓ Mental Health Service Providers
- ↓ Primary Care Physicians and Medical Specialists
- ↓ Health Insurance Providers
- ↓ Department of Children and Families
- ↓ Social Security Administration
- ↓ Federal, State and Local agencies
- ↓ Office of Vocational Rehabilitation
- ↓ Educational and Vocational Centers
- ↓ Community Organizations

How we can help?

At Well-Being Community Center, we provide a variety of clinical, therapeutic and social services including:

- ↓ Psychiatry
- ↓ Medication Management
- ↓ Individual Therapy
- ↓ Group Therapy
- ↓ Family Therapy
- ↓ Psychosocial Rehabilitation (PSR) Services
- ↓ Clubhouse
- ↓ Parenting Classes
- ↓ Co-parenting Therapy
- ↓ Therapeutic Supervised Visitations
- ↓ Mental Health Counseling
- ↓ Marriage & Family Counseling
- ↓ Case Management
- ↓ Mental Health Workshops
- ↓ Social and Recreational Activities

