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M. Jary S

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## **COVER LETTER**

SUBJECT: Oh	my goodness J(Name of Mark Re	Cookies	
	J U (Name of Mark Re	gistered)	
Dear Sir or Madam:			
The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.			

Raquel Gonzalez

(Name of Person)

Oh my gordness Cookies

(Firm/Company)

980 Constitution Dr Apt. L

(Address)

Please return all correspondence concerning this matter to the following:

Homestead FL 33034
(City/State and Zip Code)

For further information concerning this matter, please call:

Raquel Gonzalez at (786) 759-3380 (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.)

CR2E005 (1/20)

TO:

Registration Section Division of Corporations

## MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations
Raquel Gonzalez	P.O. Box 6327 Tallahassee, FL 323144711
980 constitution Dr. Apt L	1) Mark Registered: Oh my goodness
Homestend, FL 33034	Cooksies > N
2) Registration Number: T200000	xx 375
3) Date Filed: 3 23 2020 4.) Renew	val Date: 3/23/2075 5.) Class(es) Filed: 30 5
6) Renewal statement pursuant to section 49:	5.071, Florida Statues. Below you must state the mark is still in use e is not due to any intention to abandon the mark.
Mark is still in use in t	Porida
7) If the mark is still in use, a specimen show	ving actual use of the mark is included with this application.
8) If applicant is a business entity, enter the	state of incorporation/formation/organization:
Fee: \$87.50 Per Class Certificate of Renewal: \$8.75 (Optional)	Raquel GON Zale Z  Typed or Printed Name of Owner  Raquel Soules  Owner's Signature or Juthorized Person's Signature
STATE OF FLORIDA COUNTY OF Miami Dade	Owner's Signature or Authorized Person's Signature
Sworn to (or affirmed) and subscribed before me (numeric date) this 2 \ day of fet	by means of physical presence or online notarization, this online notarization, this physical presence or notarization, this online notarization, this notarization, this online notarization, this notarization is not notarization.
ALICIA M. KAMMERER MY COMMISSION # HH 575329 EXPIRES: August 18, 2028	Notary Public's Signature  Allia Cammerer  Notary Public's Printed Name
Personally Known X OR Produced Identification	on
Type of Identification Produced:	
CR2E005 (1/20)	







