7200000000438

| (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 DISCLAIMER PER CONVERSATION WITH AUSTIN KELLY 5/7/2020 KS | | | | |

Office Use Only

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K SALY

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Corporations | | | | | |
|---|---------------------------|----------------------------------|--|--|--|
| Cannabis Doc | | | | | |
| UBJECT:(Mark to be registered) | | | | | |
| The enclosed Trademark/Service Mark Applica | ation, specimens and | fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning thi | is matter to the follow | wing: | | | |
| Austin Kelly | | | | | |
| (Name of Person) | | | | | |
| Summit Wellness, LLC | | | | | |
| (Firm/Company) | | | | | |
| 6747 Gall Blvd | | | | | |
| (Address) | | | | | |
| Zephyrhills, FL 33542 | | | | | |
| (City/State and Zip Co | ode) | | | | |
| For further information concerning this matter. | please call: | | | | |
| Austin Kelly | 813 | 504-1258 | | | |
| (Name of Person) | (Area Coo | de & Daytime Telephone Number) | | | |
| Mailing Address: | | Street Address: | | | |
| Registration Section | | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | | |

(<u>NOTE</u>: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

PART I



| (a) Ouman a/A miliaunt's name: Austin Kelly | ··· |
|--|--|
| | |
| | Bonterra Loop Apt 409 |
| Wesley Chapel/F | |
| | City/State/Zip |
| If different, Owner's/Applicant's mailing address: _ | |
| | City/State/Zip |
| (a) Character and American the total and a constant of | 813-504-1258 |
| |) |
| Check the appropriate box to indicate the Owner/Ap | · • |
| • • • • • • • • • • • • • • • • • • • | ☐ Joint Venture ☐ Limited Liability Company ☐ Union ☐ Other: |
| and relation /document number in #1 the state or or | policant is not an individual, enter the business entity's Florida |
| | ness entity must have an active filing or registration on file with oplicant is not an individual, enter the business entity's Florida ountry under the laws of which the business entity is currently the entity's federal employer identification number (EIN) in #3. |
| (1) Florida registration/document number: | |
| (1) Florida registration/document number: | |
| (1) Florida registration/document number: | |
| (1) Florida registration/document number: | s using the name, logo, design and/or slogan being registered in rvice mark. If the mark is a service mark, the applicant/owner ed in connection with. For example: furniture moving services, and retail sales of tractor equipment, etc. If the owner/applicant |
| (1) Florida registration/document number: | s using the name, logo, design and/or slogan being registered in rvice mark. If the mark is a service mark, the applicant/owner ed in connection with. For example: furniture moving services, and retail sales of tractor equipment, etc. If the owner/applicant e market place, enter the specific service(s) being rendered here: ered by the owner/applicant. Do not include future services.) |
| (1) Florida registration/document number: | s using the name, logo, design and/or slogan being registered in rvice mark. If the mark is a service mark, the applicant/owner ed in connection with. For example: furniture moving services, and retail sales of tractor equipment, etc. If the owner/applicant e market place, enter the specific service(s) being rendered here: ered by the owner/applicant. Do not include future services.) |

| 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: |
| |
| |
| |
| 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, yo 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 eards, brochures, flyers, pamphlets, menus, etc. If the mare 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: |
| The name/slogan/design is being used as the brand/mark for my company. It is used on signs, business cards, newspaper/magazine |
| articles, flyers, folders, brochures, pamphlets, billboards, and online advertisements. The mark is also being used in connection with |
| medical marijuana recommendations/prescription services that my company conducts. |
| TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by of fore 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 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. UETTYO) AND OF A FUNDO (The control of the c |
| 2. (d) <u>FEE(S) AND CLASS(ES)</u> : 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 44 |
| |
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| |
| |

| 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: 03/01/2019 |
| N/A PAGE 13 TO THE PA |
| (a) Date first used in other state or country, if applicable: |
| 03/01/2019 |
| (b) Date first used in Florida: |
| |
| t and the second |
| 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.) |
| here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design |
| |
| Cannabis Doc in the font "Audiowide" with a green modern designed medical marijuana leaf above the word Cannabis Doc. |
| 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)" |
| " APART FROM THE MARK AS SHOWN. |

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

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:

| related company he or in such near res mistake or to decei | ized to sign on behalf of as registered this mark temblance as to be likely to the contents thereof | in this state or has the v, when applied to th t and verification on | e right to use such e goods or service my/the applicant's | mark in Florida e s of such other pe behalf. I further | ither in the identica rson to cause confu | d form thereof sion, to cause |
|--|---|--|---|--|--|----------------------------------|
| | | Ash | Helly nted name of appli | | | 当一 |
| | | Typed or prid | nted name of appli | cant | | |
| | | 1 mi | | | | |
| | | | cant's signature name and title) | | • | |
| STATE OF FLOR COUNTY OF LA | | | | | | L-3 |
| Sworn to (or affirm | ned) and subscribed be ay of <u>Apr+1</u> month | ore me by means of 2020, by (_Avs4.' | physical prese | nce or online. | notarization, this (n | umeric date) this |
| | Notary Public State of Flonds Kathleen M Regan My Commission GG 931473 Expires 11/13/2023 | | Kathleen | Notary Public's S MResque Notary Public's | ignature | -11- |
| | | | | Notary Public s | Printed Name | |
| Personally Known | OR Produced Iden | tification 🔁 | | · | | |
| Type of Identificat | ion Produced: Dr. v. | 12 132 | | | | |

FILING FEE: \$87.50 per class

Cannable Doc Cannable 813-501-477 | Medical | Marijuana Doctor









Cannabis Doc



Office: 813-501-4777 • Fax: 813-501-4744 info@cannabisdocgroup.com • CannabisDocGroup.com