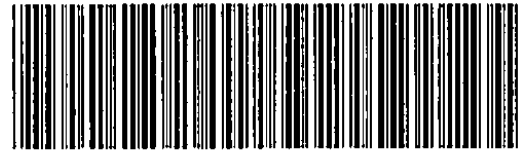


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(Requestor's Name)

(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:

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Office Use Only

3 classes

K SALY
MAY 28 2020

2020 MAY 12 11 59 03
CALIFORNIA



5805 Blue Lagoon Drive, Suite 165
Miami, Florida 33126
Phone: (305) 894-6750
Fax: (305) 230-7660
Email: Info@TheLichterLawGroup.com

April 27, 2020

Karen A Saly
Division of Corporations

RE: Letter Number: 420A00003616 – FAX PHARMA Application

Ms. Saly,

I have received your correspondence dated February 18, 2020, and I have made the requested changes for a more specific service in (2(a)), a more specific product in (2(b)) and deleted Class 44 and added Class 3 and Class 5. In regards to the \$525.00 check that was sent, that was to cover payment for 6 classes on the applications (4 for the FAX PHARMA and 2 for FXM RESEARCH), which should have been a total of \$525.00 (\$87.50 per class multiplied by 6). However, after your letter I realized I should have 3 classes for each Fax Pharma application. I am not sure how I calculated \$525.00, but I have included another check (Check number 3685) in the amount of \$175.00, which should fully cover payment for all the applications including the new classes added (6 classes on these two applications is \$525.00 then 2 classes for FXM RESEARCH which have already been approved – Letter number 720A00003155 and 920A00003160). I have also attached a separate document, which is an Amendment for Coconut Village Market, LLC. It is in this same envelope strictly to not waste resources. My apologies for any inconvenience this may have caused.

Erik Lichter

Erik Lichter, Esq.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2020

ERIK LICHTER
THE LICHTER LAW GROUP
5805 BLUE LAGOON DR, STE. 165
MIAMI, FL 33126

SUBJECT: FAX PHARMA
Ref. Number: W20000017081

We have received your document for FAX PHARMA and your check(s) totaling \$525.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

You must list a more specific product in #2(b) in Part I of the application.

Class(es) 5 & 42 would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) 5 & 42.

Part I 2(d) you have listed classes 42 & 44. You have listed services for class 42, but not 44. You have listed products in Part I 2(b) but not the class or classes for the products. Skin care products medicated are 5, non-medicated class 3.

You have also submitted \$525.00 for 6 classes. I have two documents with 2 classes listed each. What are you paying for?

We need three permanent specimens, **which may be the same or different**. TYPED or HANDWRITTEN MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-45), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please attach your specimens to a copy of this letter or to yourcorrected

application, if it was returned to you for correction(s), and return it/them to this office for processing.

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: 420A00003616

COVER LETTER

TO: Registration Section
Division of Corporations
FAX Pharma

SUBJECT: _____
(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:

Erik Lichter

(Name of Person)

The Lichter Law Group

(Firm/Company)

5805 Blue Lagoon Drive, Suite 165

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Erik Lichter

305

894-6750

at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

FIL

RECEIVED
MAY 12 2009

PART I

1. **OWNER/APPLICANT:** Enter the name and address of the individual or the business entity to be owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: FAX Pharma Inc.

(b) Owner's/Applicant's business address: 1331 Brickell Bay Drive, Unit CU-2
Miami, FL 33131
City/State/Zip

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

(c) Owner's/Applicant's telephone number: (786) 590-1567

Check the appropriate box to indicate the Owner/Applicant is a(n):

- Individual Corporation Joint Venture Limited Liability Comp.
 General Partnership Limited Partnership Union Other: _____

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity registration/document number in #1, the state or country under the laws of which the business entity formed, organized or incorporated under in #2, and the entity's federal employer identification number (

(1) Florida registration/document number: P19000041881

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: _____

2. (a) **SERVICE MARK:** If the owner/applicant is using the name, logo, design and/or slogan being connection with a type of service, the mark is a service mark. If the mark is a service mark, the app. must list the specific service(s) the mark is being used in connection with. For example: furniture mov, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the ownr is using the mark to identify services available in the market place, enter the specific service(s) being re

(Note: List only those services currently being rendered by the owner/applicant. Do not include future Scientific and technological services and research which includes clinical research, pharmaceutical product testing, and medical

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grill etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available for sale, 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.)

Skin care products/medications that include, but are not limited to ointments, gels, creams, and lotions

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 service to the public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the name, logo, design and/or slogan are being used in connection with a type of service, state how the name, logo, design and/or slogan are being used in advertising here:

The service mark is used to provide clinical research and data. The service mark is used in Newspaper advertisements, flyers

television advertisements, and radio advertisements

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product or service, before the applicant/owner, you must specify how the mark is applied or affixed to the actual product or service. 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 or service:

The Trademark is affixed to the skin care products/medication to identify it

2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services can 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 3, Class 5, and Class 42

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, used in another state or country, the date you first used the name, logo, design and/or slogan in the country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant, 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 first 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: 05/13/2019

RECEIVED
MAY 13 2019
TALLAHASSEE, FLORIDA

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 name, logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the mark 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.)

FAX Pharma

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 may 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 representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with a 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) "FAX"
" APART FROM THE MARK AS SHOWN

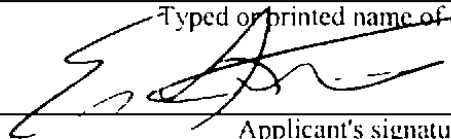
3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK (MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in u submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or specimens must be identical to the name, logo, design and/or slogan being registered. You may identical specimens or three different specimens. For each service mark class (classes 35-45), you may newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each tr (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photogr 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, Erik Lichter as Attorney-in-Fact for FAX Pharma, Inc., being sworn, depose and say that I am the owner and the app 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 related company has registered this mark in this state or has the right to use such mark in Florida either in the identica or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confu, mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I, application and know the contents thereof and that the facts stated herein are true and correct.

Erik Lichter - Attorney-in-Fact for FAX Pharma, Inc.

Typed or printed name of applicant


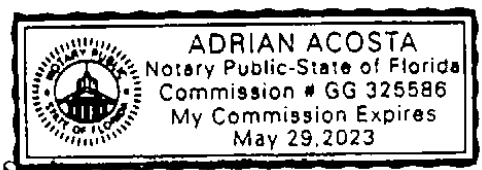
Applicant's signature
(List name and title)

NOTARY PUBLIC
ADRIAN ACOSTA
COMMISSION # GG 325586
MY COMMISSION EXPIRES
MAY 29, 2023

STATE OF Florida
COUNTY OF Miami

On this 28 day of January, 2020, Erik Lichter as Attorney-in-Fact for FAX Pharma appeared before me,

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



(Seal)

Notary Public Signature
Adrian Acosta
Notary's Printed Name

My Commission Expires: _____

FILING FEE: \$87.50 per class



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A Member of FXM Research Group

Francisco Moncada, President

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Miami FL 33175 USA

info@fxmresearch.com

fxmresearch.com

305-220-5222

Fax: 305-675-3152

FAX
pharma

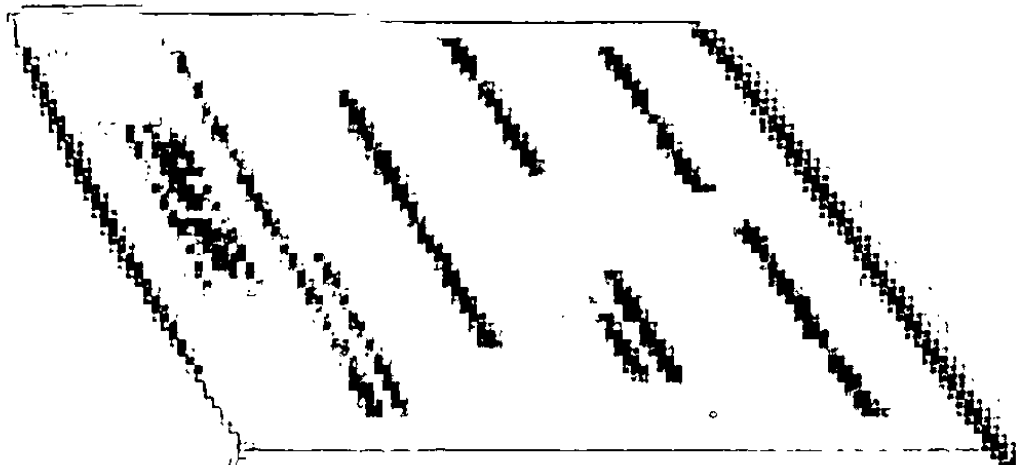
FACE CREAM

8 OZ / 236 ML



Fax
pharma

BODY LOTION



SCIENTIFIC
SCIENTIFIC
SCIENTIFIC
SCIENTIFIC



Reputable Reliable Responsive
A Member of FXM Research Group