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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAV
AUG 04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARC Mental Health
(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:

Daniel Castelao
(Name of Person)

Advanced Recovery & Counseling, LLC
(Firm/Company)

18300 NW 62nd Avenue, suite 210
(Address)

Miami, Florida, 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Botero at (786) 246-8292
(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 will be available to the general public.)

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

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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: Advanced Recovery & Counseling, LLC

(b) Owner's/Applicant's business address: 18300 NW 62nd Ave, suite 210

Hialeah, Fl, 33015
City/State/Zip

If different, Owner's/Applicant's mailing address: n/a

City/State/Zip

(c) Owner's/Applicant's telephone number: (786) 916-6073

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: L17000257647

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 82-3829029

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, Behavioral Health, Counseling Services, Therapist, Psychiatric Services, group therapy, individual therapy, psycho-social rehabilitation services, medication management, medication assisted treatment, master treatment plan, targeted case management, telehealth mental health services, emotional support animal certification, hardship assessment, court mandate, hardship assessments, mental health medicaid services.

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.)

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:

Business cards, brochures, flyers, pamphlets, website, SEO, programs, printed ads, google ads, social media posts, newsletters,

out-of-home signs, uniforms

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or 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 a 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) 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:

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: 6/25/2020

(b) Date first used in Florida: 6/25/2020

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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 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.)

ARC Mental Health. "ARC" sits on top of "Mental Health" and under the shape of an arc

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

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)" Mental Health

" 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, Daniel Castelao *, 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.*

Daniel Castelao
Typed or printed name of applicant

Applicant's signature
(List name and title)

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2020 JUL 27 PM 4:54
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 23rd day of July, 2020 by (Daniel Castelao).
numeric date — month — year — name of person making statement

Notary Public's Signature

Dulce M. Cernadas
Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐ _____

Type of Identification Produced: _____

Notary Public State of Florida
Dulce M Cernadas
My Commission GG 238776
Expires 08/31/2022

FILING FEE: $87.50 per class

ABOUT US

ARC is a mental health provider in Miami, FL. Our team of licensed specialists has +40 years' experience working in the field and we are ready to assist anyone struggling with a variety of behavioral health issues.

We have created a unique and welcoming space for anyone seeking help and due to COVID-19, we are now offering our services online through teleconferencing in English and Spanish. We understand these are difficult times, tell us what we can do to make you or your loved one feel better.

CONTACT US TODAY!

We accept most insurance providers as well as

Medicaid

¡Hablamos Español!

(786) 916-6073

contact@arcmentalhealth.com

www.arcmentalhealth.com

18300 NW 62nd Ave #210

Hialeah, FL 33015

Arc

Mental Health

Psychology & Psychiatry

(786) 916-6073

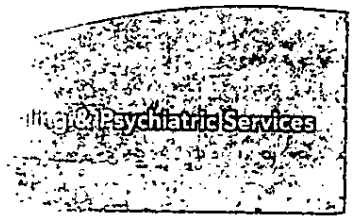
contact@arcmentalhealth.com

www.arcmentalhealth.com

18300 NW 62nd Ave #210

Hialeah, FL 33015

Arc
Mental Health



Totalmente GRATIS con Medicaid!

Medicaid

Merienda + Almuerzo Incluido

Nuestros familiares de la **tercera edad** ya no tienen por qué estar solos. Al inscribirse a nuestro programa volverán a sentirse:

alegres **activos** **saludables**

sociales **independientes** **sonrientes**

Lunes a Jueves:
9am - 12pm o
1pm - 4pm

Ubicado en su comunidad o en nuestro centro ARC:
18300 NW 62nd Ave Suite 210. Hialeah, FL 33015
arcmentalhealth.com | (786) 916-6073

Arc