# T23000000001

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            | <del></del> |
| (Ac                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nar | ne)         |
| (Dc                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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APPROVED AND FILED

JAN 27 2023 < Brumbley



November 21, 2022

CHRISTIAN SANCHELIMA, ESQ. SANCHELIMA & ASSOCIATES, P.A. 235 SW LE JEUNE RD MIAMI, FL 33134

SUBJECT: SOVEREIGN Ref. Number: W22000144899

We have received your document for SOVEREIGN and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The notary public's acknowledgement is incomplete. The seal, signature, and expiration date must be affixed. A notary public cannot notarize his own signature.

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: 622A00025865

120 1 2012

### **COVER LETTER**

| DIVISI           | on or Corporations               |                          |                                                    |
|------------------|----------------------------------|--------------------------|----------------------------------------------------|
| S<br>SUBJECT:    | OVEREIGN                         |                          |                                                    |
| 30BJEC1          |                                  | (Mark to be r            | egistered)                                         |
| The enclosed T   | rademark/Service Mark Applica    | ation, specimens and fo  | ee(s) are submitted for filing.                    |
| Please return al | Il correspondence concerning th  | is matter to the followi | ng:                                                |
| Christian Sanc   | hetima, Esq.                     |                          |                                                    |
|                  | (Name of Person)                 |                          | _                                                  |
| Sanchelima &     | Associates, P.A.                 |                          |                                                    |
|                  | (Firm/Company)                   |                          | <del>-</del>                                       |
| 235 SW Le Jei    | une Road                         |                          |                                                    |
|                  | (Address)                        |                          | _                                                  |
| Miami, Florida   |                                  |                          |                                                    |
|                  | (City/State and Zip Co           | ode)                     |                                                    |
| For further info | ormation concerning this matter. | please call:             |                                                    |
| Christian Sanc   | helima, Esq.                     | 305<br>at (              | 447-1617<br>)                                      |
|                  | (Name of Person)                 | (Area Code               | & Daytime Telephone Number)                        |
|                  | ing Address:                     |                          | Street Address:                                    |
| _                | stration Section                 |                          | Registration Section                               |
|                  | ion of Corporations              |                          | Division of Corporations The Centre of Tallahassee |
| P.U.             | Box 6327                         |                          | The Centre of Tallanassee                          |

TO:

Registration Section

Tallahassee, FL 32314

(<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

## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES

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

#### PART I

| (a) Owner's/Applicant's name: Sovereign of Miami,                                                                                                                                                                                                                                                                                                                                                                              | , LLC                                                                                                                |                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b) Owner's/Applicant's business address: 22 NE                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                                                                                                                       |
| Miami, Florida 33                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                                                                                                                                                       |
| Wilding Frontier 55                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      | ıte/Zip                                                                                                                                                                                                                                               |
| If different, Owner's/Applicant's mailing address:                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                                                                                                                                                       |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                    | City/Sta                                                                                                             | ntc/Zip                                                                                                                                                                                                                                               |
| (c) Owner's/Applicant's telephone number: (                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                                                                                                                                       |
| General Partnership Limited Partnership  If the Owner/Applicant is a business entity, the busin the Florida Department of State. If the Owner/Appregistration/document number in #1, the state or co- formed, organized or incorporated under in #2, and the                                                                                                                                                                   | ☐Joint Venture☐Union  dess entity must have an individuatry under the laws on the entity's federal emptodes.         | n active filing or registration on file with<br>dual, enter the business entity's Florida<br>of which the business entity is currently<br>loyer identification number (EIN) in #3.                                                                    |
| (2) Domicile State or Country: Florida  (3) Federal Employer Identification Number: 83-445                                                                                                                                                                                                                                                                                                                                     | using the name logo                                                                                                  | design and/or slogan being registered in                                                                                                                                                                                                              |
| (3) Federal Employer Identification Number: 83-445  2. (a) SERVICE MARK: If the owner/applicant is connection with a type of service, the mark is a service list the specific service(s) the mark is being use diaper services, house painting services, wholesale a is using the mark to identify services available in the                                                                                                   | using the name, logo, vice mark. If the mared in connection with and retail sales of tractor market place, enter the | design and/or slogan being registered in k is a service mark, the applicant/owner for example: furniture moving services, or equipment, etc. If the owner/applicant especific service(s) being rendered here:                                         |
| (2) Domicile State or Country: Florida  (3) Federal Employer Identification Number: 83-445  2. (a) SERVICE MARK: If the owner/applicant is connection with a type of service, the mark is a sermust list the specific service(s) the mark is being use                                                                                                                                                                         | using the name, logo, vice mark. If the mared in connection with and retail sales of tractor market place, enter the | design and/or slogan being registered in k is a service mark, the applicant/owner For example: furniture moving services, or equipment, etc. If the owner/applicant especific service(s) being rendered here: cant. Do not include future services.)  |
| (2) Domicile State or Country: Florida  (3) Federal Employer Identification Number: 83-445  2. (a) SERVICE MARK: If the owner/applicant is connection with a type of service, the mark is a servicest list the specific service(s) the mark is being used diaper services, house painting services, wholesale a is using the mark to identify services available in the                                                        | using the name, logo, vice mark. If the mared in connection with and retail sales of tractor market place, enter the | design and/or slogan being registered in k is a service mark, the applicant/owner for example: furniture moving services, or equipment, etc. If the owner/applicant especific service(s) being rendered here:                                         |
| (2) Domicile State or Country: Florida  (3) Federal Employer Identification Number: 83-445  2. (a) SERVICE MARK: If the owner/applicant is connection with a type of service, the mark is a sermust list the specific service(s) the mark is being use diaper services, house painting services, wholesale a is using the mark to identify services available in the (Note: List only those services currently being rendered) | using the name, logo, vice mark. If the mared in connection with and retail sales of tractor market place, enter the | design and/or slogan being registered in k is a service mark, the applicant/owner For example: furniture moving services, or equipment, etc. If the owner/applicant especific service(s) being rendered here: cant. Do not include future services.)  |
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| (2) Domicile State or Country: Florida  (3) Federal Employer Identification Number: 83-445  2. (a) SERVICE MARK: If the owner/applicant is connection with a type of service, the mark is a sermust list the specific service(s) the mark is being use diaper services, house painting services, wholesale a is using the mark to identify services available in the (Note: List only those services currently being rendered) | using the name, logo, vice mark. If the mared in connection with and retail sales of tractor market place, enter the | design and/or slogan being registered in k is a service mark, the applicant/owner for example: furniture moving services, or equipment, etc. If the owner/applicant especific service(s) being rendered here:  cant. Do not include future 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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Images of the mark as used in commerce, as found affixed to the goods, as found on a web page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| TO FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| PA   | RT | ` 1 | 1 |
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| 1 77 |    |     |   |

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. (b) Date first used in 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.) word mark SOVEREIGN 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.

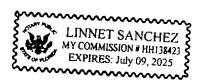
#### 3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

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:

| 1. We. Hao                    | Ke                                                         | , 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 own                                  | er and applicant herein, and to the best of my knowledge no other person except a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| related company has regis     | stered this mark in this sta                               | ate or has the right to use such mark in Florida either in the identical form thereof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| mistake or to deceive. I n    | ice as to be tikely, when a<br>nake this affidavit and ver | applied to the goods or services of such other person to cause confusion, to cause if it is 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|                               | Sovereign of !                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               | •                                                          | Typed or printed name of applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                               | 1/1                                                        | We: How ke (owner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                               |                                                            | Applicant's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                               |                                                            | (List name and title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| STATE OF FLORIDA<br>COUNTY OF | au Dacle                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                               |                                                            | y means of 🏿 physical presence or 🔲 online notarization, this (numeric date) this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                               | <u> 2022 b</u>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| numeric date                  | month year                                                 | name of person making statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                               |                                                            | Skiller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                               |                                                            | Notary Public's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                               |                                                            | Notary Public's Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Personally Known 🔲 Ol         | R Produced Identification                                  | Plovida Prince Licesee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Type of Identification Pro    | oduced: VOCG -                                             | <u>888</u> - 68 - 183-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

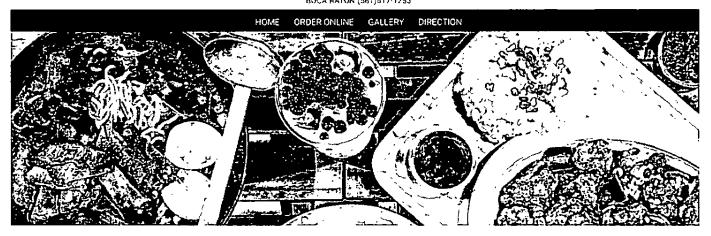
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