

T23000000558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

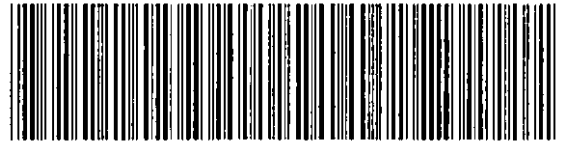
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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1223-66753

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JUL 10 10:00 AM  
CLERK OF COURT

K. SALY

JUL 13 2023

7/10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2023

ALLEN F. BENNETT  
BENNETT INTELLECTUAL PROPERTY  
12059 ROCKWELL WAY  
BOCA RATON, FL 33428

SUBJECT: STRIVE & DESIGN OF "STRIVE" SUPERIMPOSED OVER A  
STYLIZED "S" WITH THE LETTER "E" BEING REPRESENTED BY THREE  
HORIZONTAL BARS  
Ref. Number: W23000066753

We have received your document for STRIVE & DESIGN OF "STRIVE" SUPERIMPOSED OVER A STYLIZED "S" WITH THE LETTER "E" BEING REPRESENTED BY THREE HORIZONTAL BARS, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$87.50.

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: 023A00010416

**RECEIVED**  
JUL 10 2023



7999 N. Federal Highway, Suite 202  
Boca Raton, FL 33487  
(561)860-0654  
[www.afbip.com](http://www.afbip.com)  
Email: [allen@afbip.com](mailto:allen@afbip.com)

July 5, 2023

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

SUBJECT: Trademark for STRIVE & DESIGN OF "STRIVE" SUPERIMPOSED OVER A  
STYLIZED "S" WITH THE LETTER "E" BEING REPRESENTED BY THREE  
HORIZONTAL BARS

Ref. Number: W23000066753

Dear Sir or Madam:

Please find enclosed herewith the above-referenced service mark application which was returned because no check or money order for payment of the filing fee was enclosed.

The application is being resubmitted herewith, including a check for the filing fee, plus three specimens showing use of the trademark in commerce in Class 44, specifically, how the mark is displayed at the top of the owner's website.

Please let us know if anything further is required.

Sincerely,

A handwritten signature in black ink, appearing to read 'Allen F. Bennett', written over a horizontal line.

Allen F. Bennett  
Patent Reg. No. 50199  
Bennett Intellectual Property  
12059 Rockwell Way  
Boca Raton, FL 33428  
[allen@afbip.com](mailto:allen@afbip.com)  
561-860-0654

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRIVE

(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:

Allen F. Bennett

(Name of Person)

Bennett Intellectual Property

(Firm/Company)

12059 Rockwell Way

(Address)

Boca Raton, FL 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

Allen F. Bennett

561

860-0654

at (

(Name of Person)

(Area Code & Daytime Telephone Number)

**Mailing Address:**

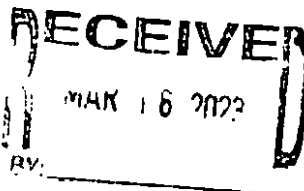
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

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

W23-66753  
No \$



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

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

FILED  
JUL 10 2007  
TALLAHASSEE, FL  
CLERK OF THE COURT

**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: Strive Health & Wellness LLC

(b) Owner's/Applicant's business address: 1898 Port St. Lucie Blvd

Port St. Lucie, FL 34952

City/State/Zip

If different, Owner's/Applicant's mailing address: \_\_\_\_\_

City/State/Zip

(c) Owner's/Applicant's telephone number: ( ) \_\_\_\_\_

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

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Individual          | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Joint Venture | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Union         | <input type="checkbox"/> 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: 1.22000372720

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 92-0287677

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 Services; Substance Abuse Treatment 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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TALLAHASSEE, FLA.

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:

On the website, also business cards, social media and advertising

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

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## 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: 11/15/2022

(b) Date first used in Florida: 11/15/2022

## 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.)

The word STRIVE superimposed over a stylized letter "S," with the letter "I" being represented by three horizontal bars

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 1 #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, Benjamin Geigus, 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.

Strive Health & Wellness LLC

Typed or printed name of applicant

Ben Geigus COO

Applicant's signature  
(List name and title)

STATE OF FLORIDA

COUNTY OF Stucie

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 6 day of February, 2023 by Ben Geigus  
numeric date                      month                      year                      name of person making statement

[Signature]

Notary Public's Signature

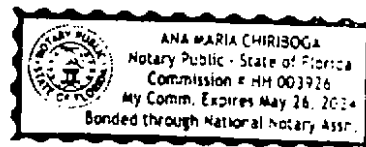
ana chiriboga

Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

FILING FEE: \$87.50 per class



FILED  
2023 JUL 10 PM 10:25  
CLERK OF DISTRICT COURT  
JUL 10 2023



## Strive To Be Better Everyday

At Strive Health & Wellness, we make a difference by offering professional mental health and substance abuse therapies, either in person or from the comfort of your own home. We believe that you do not need to put your life on hold to get the medications and therapy you need. Strive has the ability to provide all services through telehealth communications to ensure there is no lapse in an individual's treatment plan. Call today and get a free consultation and being the next step in your recovery.

[Get Started](#)[Let's Chat!](#)

Our Mission: "To offer a unique wellness experience by providing top quality care for mental health, addiction, and medication management."



### About Us

About Us Strive Health & Wellness is a small, friend-owned business that started in December of 2022. Strive got its start by four friends who met in recovery. Ben, Jerry, Blake, and Tiffanie are the four friends and founders of Strive. Over the years they noticed a need for mental health and addiction counseling for those in their local area. Strive offers services for those who struggle with mental health and addiction, whether it be inpatient or outpatient services. Often, people leave residential treatment with no doctor to follow up with to get their medications. At Strive, our patients can get their medications and therapy through our telehealth services or in person visits with our licensed mental health professionals.

[Learn More](#)

#### OUR SERVICES

"Alone we can do so little, together we can do so much"

At Strive, we pride ourselves in the services we offer. We make it more convenient for the patients to receive the top quality mental health and substance abuse treatment.



Telehealth Medication  
Management



In-home Detox



Medicated Assisted  
Treatment



Individual Counseling

#### MANAGEMENT

Providing continued prescribing of medication to clients who need a doctor to continue their prescription medication after residential treatment

1-800-333-3333

Patients can now have the benefit of detoxing in the comfort of their own homes. Strive Health & Wellness offers an in-home detox for patients detoxing from specific substances. We understand that not all situations require a medical detox facility, and we are here to help

1-800-333-3333

#### TREATMENT

Medication with Behavioral Therapy to help each client meet their needs and treatment goals to help build long term sustainable recovery

1-800-333-3333

Patients will be able to utilize our Licensed Mental Health counselors for one on one counseling sessions provided by appointment throughout the week

1-800-333-3333



#### Group Therapy

Patients will also get the benefit of our group therapy run by our professional group facilitators and Licensed Clinicians for multiple sessions a week

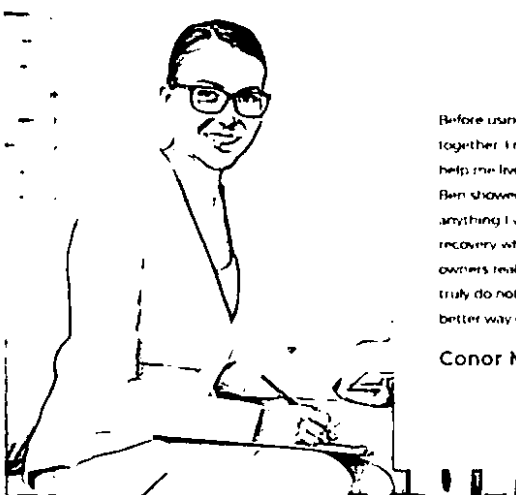
1-800-333-3333



#### Family Therapy

Patients can also utilize our family therapy sessions. We know and believe that mental health can affect the whole family, and we are here to provide support through our Family Therapy program

1-800-333-3333



Before using Strive I was totally hopeless and could not get my life together. I needed treatment that was realistic and that would help me live my daily life sober and I found it here. From day one, Ben showed up with a plan and always had a solution for me with anything I was going through. He walked me through my each recovery when I couldn't do it alone. Ben, and all of the other owners really care and showed up for me when I had no hope. I truly do not know where I would be without them! If you want a better way of life, then this is the way to go.

Conor M.

BOOK NOW

Online Appointments

First Name

Last Name

Email

Phone

Address

Write a message

Submit



Quick Links

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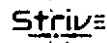
Contact Us

833-5-ST-2-VE (787-483)

[info@stivewh.com](mailto:info@stivewh.com)

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833-5-STRIVE (833-578-7483)



Contact Us

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# Alone we can do so little, together we can STRIVE

Strive Health & Wellness located in Port Saint Lucie, Florida offers a unique PHP, IOP, and OP wellness experience by providing top quality care for mental health, substance abuse, addiction, and medication management.

Contact Us >