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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ MAIL

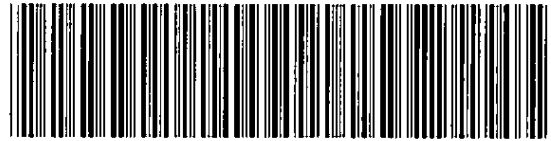
(Business Entity Name)

(Document Number)

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TELETYPE UNIT

K. SALLY

FEB 29 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTISM 911

(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:

Elmer Pena

(Name of Person)

AUTISM 911, LLC

(Firm/Company)

5621 CENTRAL STRAND BLVD., SUITE 310 A

(Address)

NAPLES, FLORIDA 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle K. Suarez

954

882-4119

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.)

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
2024 FEB 27 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: AUTISM 911, LLC

(b) Owner's/Applicant's business address: 5621 CENTRAL STRAND BLVD., SUITE 310 A
NAPLES, FLORIDA 34110
City/State/Zip

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

(c) Owner's/Applicant's telephone number: 786 547-1260

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

☐ Individual ☐ Corporation ☐ Joint Venture ☒ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: L22000436412

(2) Domicile State or Country: FLORIDA, UNITED STATES

(3) Federal Employer Identification Number: 92-0674052

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.)

Behavioral health services; Advertising, marketing, and promotion of services in the field of behavioral health

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.)

N/A

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TALLAHASSEE FLORIDA

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:

Website and flyers.

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:

N/A

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:

2(a) CLASS 44 Behavioral health services.

2(a) CLASS 35 Advertising, marketing, and promotion of services in the field of behavioral health.

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: N/A

(b) Date first used in Florida: October 13, 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.)

AUTISM 911

Stylized, multicolored letter "A" split into three sections, with the center/opening of the "A" being a puzzle piece, representing the symbol for autism, which may also look like a child reaching for a hug, followed by the words "AUTISM 911".

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

2. DISCLAIMER STATEMENT (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" AUTISM

" APART FROM THE MARK AS SHOWN.

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CLERK OF DISTRICT COURT
MIDDLESEX COUNTY, FLORIDA

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

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, ELMER PENA, 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.

ELMER PENA

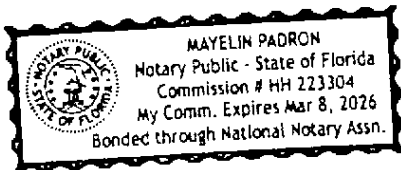
Typed or printed name of applicant

[Signature]

ELMER PENA CHIEF EXECUTIVE
Applicant's signature
(List name and title)

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 9 day of February, 2024 by (_____) name of person making statement



[Signature]

Notary Public's Signature

Mayelin Padron

Notary Public's Printed Name

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Driver License

FILING FEE: \$87.50 per class

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ABA CARE THAT WORKS FOR YOU



AUTISM 911



We provide families with guidance and help to obtain ABA services. We assist in scheduling appointments such as comprehensive diagnostic evaluations and neurologist appointments. We also help families get all the necessary information to request services with insurance.

With extensive experience in building strong connections, we have established a network of highly qualified ABA therapists and autism experts ready to provide the necessary support to families.

DIAGNOSTICS

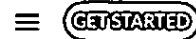
AUTISM & AUTISM SPECTRUM
DEVELOPMENTAL DELAY
GLOBAL DEVELOPMENTAL DELAY
ADHD

CONTACT US

PHONE: (800) 682-2726
FAX: (305) 290-5902
SITE: WWW.AUTISM911.ORG
EMAIL: AUTISM911@YAHOO.COM

ACCEPTED INSURANCE



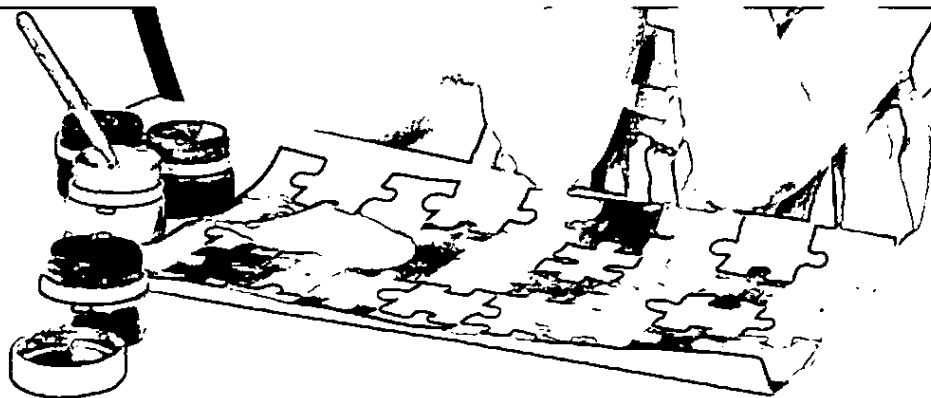


Connecting Families with Professionals in ABA

We are your reliable link to the best ABA therapy providers and specialized therapists for children with autism. We know how vital it is to find the right support for your child and we are dedicated to facilitating that process.

GET STARTED





What We Do?

At Autism911, we are your trusted ally in the search for autism solutions. With extensive experience in building strong connections, we have established a network of highly qualified ABA therapists and autism experts ready to provide the necessary support to your family.

Our commitment is to make the process as simple as possible for you. We accept all insurances, especially private insurance, to ensure you get the best service.

At Autism911, we not only provide services, we also forge lasting relationships. We are here to support and guide your journey towards a better understanding and management of autism.

Our Services

We connect families and professionals for a personalized approach every step of the way



Continuous Support

Once you establish a connection, we'll be here to make sure you continue to have a positive experience.

[Learn More →](#)



Insurance Advice

Our team will help you understand and maximize the benefits of your insurance policy.

[Learn More →](#)



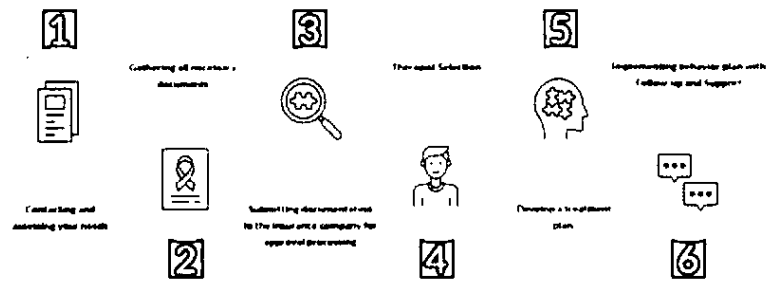
Personalized Selection

Once you establish a connection, we'll be here to make sure you continue to have a positive experience.

[Learn More →](#)

GET STARTED

Step by Step Matching Process
Matching Process



Frequently asked questions

Have a Question?

Check these answers

- How does the Step-by-step comprehensive guidance work?

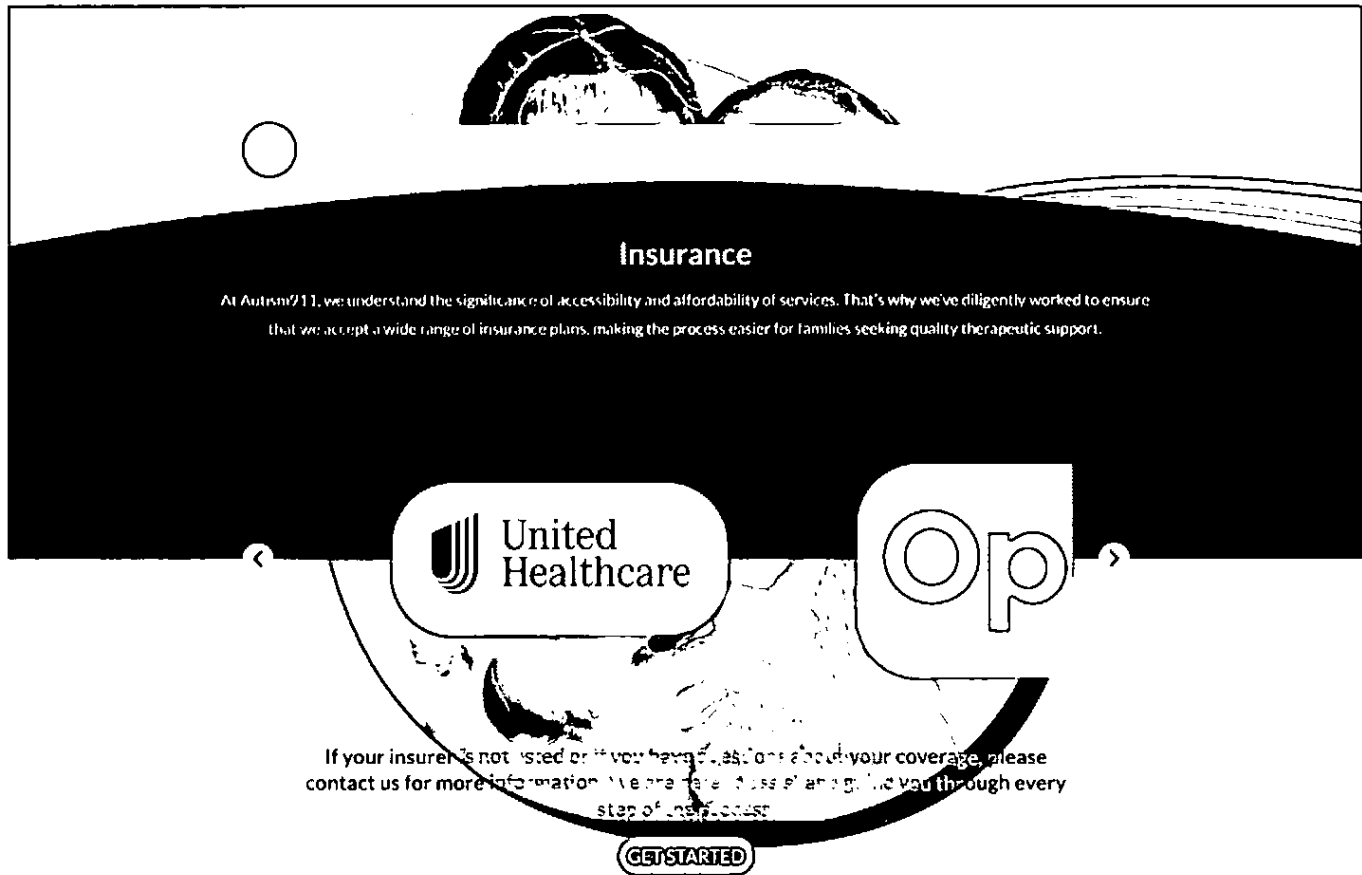
Once you provide information about your child's needs, our team will search our network to find the ABA therapist or provider that best suits your situation.

+ Is there a cost for using your services?

+ How do you ensure the quality of the professionals?



+ What is ABA therapy?

+ How do I know if my child needs ABA therapy?



Insurance

At Autism911, we understand the significance of accessibility and affordability of services. That's why we've diligently worked to ensure that we accept a wide range of insurance plans, making the process easier for families seeking quality therapeutic support.

 **United Healthcare** 

If your insurer is not listed or if you have questions about your coverage, please contact us for more information. We are here to assist and guide you through every step of the process.

GET STARTED

"Seeing our son happy is priceless, the patience and love they have given him have changed his life, and ours."

"God blessed us with our daughter. At Autism911 we have noticed how

Kathy Pierce

Contact form:

Write to us and we will contact you soon



+1 (800) 682-2726
autism911@yahoo.com
Business Hours:
Monday to Friday:
9:00AM - 5:00PM

Services

Continuous Support
Insurance Advice
Personalized Selection

Menu

Home
About Us
Aba Therapy
History
Insurances



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