

T240000000613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

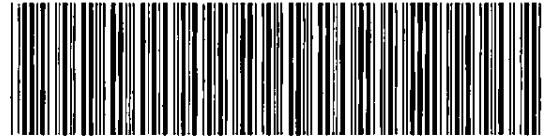
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
W24-71295

Office Use Only



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05/07/24 -01014--001 \*\$87.50

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MAY 06 2024

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2024 JUN -3 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. Jarvis  
6/14/24 AB

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2024

EMPOWER SPORTS MEDICINE, LLC  
MARK SMOTHERMON  
142 SAGE HEN DR  
ST. AUGUSTINE, FL 32095

SUBJECT: EMPOWER SPORTS MEDICINE (LIGHT GRAY AND BLUE  
COLORS). 'O' OF "EMPOWER" IS A KETTLEBELL WITH WAVE IN CENTER  
OF THE BELL  
Ref. Number: W24000071295

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2024 JUN -3 PM 1:53  
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We have received your document for EMPOWER SPORTS MEDICINE (LIGHT GRAY AND BLUE COLORS). 'O' OF "EMPOWER" IS A KETTLEBELL WITH WAVE IN CENTER OF THE BELL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "SPORTS" AND "MEDICINE"

Only one of the specimens you submitted is acceptable. Please submit two additional specimens showing the design being used on the mark.

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.

Akeemia Jarvis

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JUN 03 2024

Regulatory Specialist II

Letter Number: 224A00009997

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2024 JUN -3 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Empower Sports Medicine Logo  
\_\_\_\_\_  
(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:

Mark Smothermon  
\_\_\_\_\_  
(Name of Person)

Empower Sports Medicine, LLC  
\_\_\_\_\_  
(Firm/Company)

142 Sage Hen Dr  
\_\_\_\_\_  
(Address)

St. Augustine FL 32095  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Smothermon 813 294-0565  
\_\_\_\_\_  
(Name of Person) at ( ) \_\_\_\_\_  
(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

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2024 JUN -3 PM 1:53  
REGISTRY OF STATE  
TALLAHASSEE, FL

**(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN -3 PM 1:53  
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TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

PART I

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

(a) Owner's/Applicant's name: Empower Sports Medicine LLC

(b) Owner's/Applicant's business address: 142 Sage Hen Dr  
St. Augustine FL 32095  
City/State/Zip

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

(c) Owner's/Applicant's telephone number: ( 813 ) 294-0565

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: L23000459466

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 99-1399293

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.)

Company provides services such as strength and conditioning/performance training, physical therapy.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: 11/1/2023

(b) Date first used in Florida: 11/1/2023

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2024 JUN -3 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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.)

Empower sports medicine (light gray and blue colors). 'O' of "Empower" is a kettlebell with wave in center of the bell

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)" \_\_\_\_\_

"Sports", "medicine" " APART FROM THE MARK AS SHOWN.

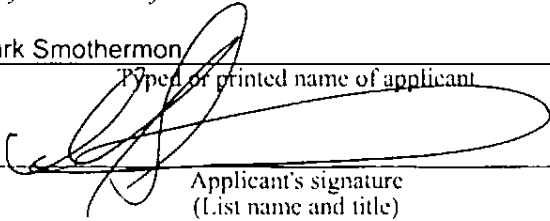
3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

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.

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2024 JUN -3 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE


SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Mark Smothermon, being sworn, depose and say that I am the owner and 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.

Mark Smothermon  
Typed or printed name of applicant  
  
Applicant's signature  
(List name and title)

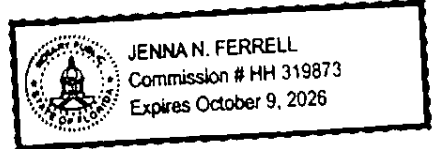
STATE OF FLORIDA  
COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this (numeric date) this 26th day of April, 2024 by Mark Smothermon.  
numeric date                      month                      year                      name of person making statement

  
Notary Public's Signature  
Jenna Ferrell  
Notary Public's Printed Name

Personally Known  OR Produced Identification  FL DL  
Type of Identification Produced: FLDL

FILING FEE: \$87.50 per class





## Empower Sports Medicine

Mark Smothermon

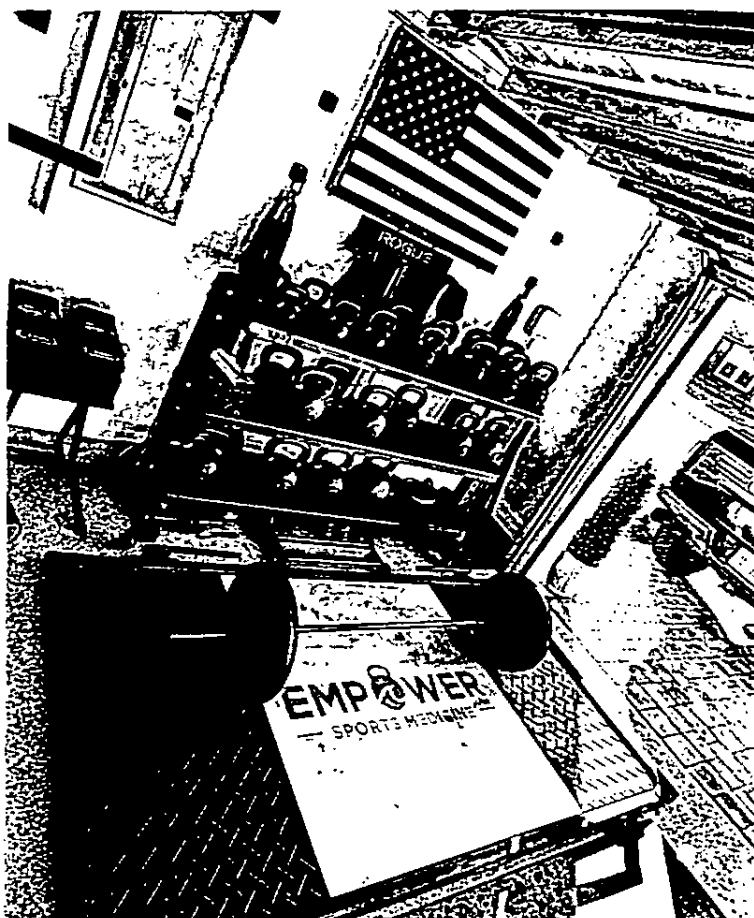
*Doctor of Physical Therapy, Owner*

813.294.0565

[mark@empowersportsmed.com](mailto:mark@empowersportsmed.com)

*A veteran owned business*

**EMPOWER**  
— SPORTS MEDICINE —



**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Empower Sports Medicine Logo  
\_\_\_\_\_  
(Mark to be registered)

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(Firm/Company)

142 Sage Hen Dr  
\_\_\_\_\_  
(Address)

St. Augustine FL 32095  
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(City/State and Zip Code)

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TALLAHASSEE, FL

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\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Street Address:**  
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Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
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(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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Empower sports medicine (light gray and blue colors). 'O' of "Empower" is a kettlebell with wave in center of the bell

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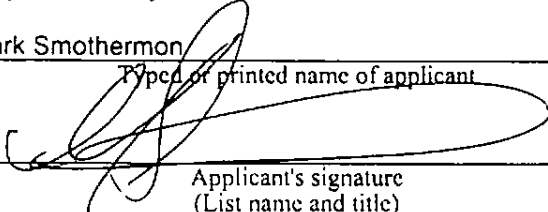
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CLERK OF STATE  
TALLAHASSEE, FL

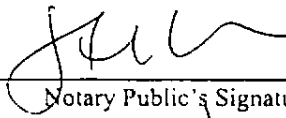
SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Mark Smothermon, 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.

Mark Smothermon  
Typed or printed name of applicant  
  
Applicant's signature  
(List name and title)

STATE OF FLORIDA  
COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this (numeric date) this 26th day of April, 2024 by Mark Smothermon.  
numeric date                      month                      year                      name of person making statement

  
Notary Public's Signature  
Jenna Ferrell  
Notary Public's Printed Name

Personally Known  OR Produced Identification  FL DL  
Type of Identification Produced: FLDL

FILING FEE: \$87.50 per class

