DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

T95000000361

TO : DEPARTMENT OF STATE

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	
TRUST	3,642.50	ACCOUNT CLOSED	2	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	3,642.50	OTHER	4	

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	2	8.75
12	45-20-2-130001-45300000-00-000100-00	1	70.00
12	45-20-2-130001-45300000-00-000100-00	3	175.00
12	45-20-2-130001-45300000-00-000100-00	1	435.00
12	45-20-2-130001-45300000-00-000100-00	2	627.50
12	45-20-2-130001-45300000-00-000100-00	1	2,326.25

80000142210B
-03/06/95--01050--007
*****52.50--*****52.50

GRAND TOTAL: $ 3,642.50

87.75
15.00

S2657-C

RECEIVED
95 FEB 23 AM 11:43
FINANCIAL MANAGEMENT

T95000000361

Process Date: 02/14/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

70000142210?
-03/06/95--01050--006
*****50.00 *****50.00

State Treasurer

T95000000361

Marie White
(Requestor's Name)
P.O. Box 61414
(Address)
St. Petersburg, FL 33784
(City, State, Zip) (Phone #)

OFFICE USE ONLY

Bad Money
000001 389440
-02/07/95--01073--018
****175.00 *****87.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -6 PM 2:01

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

T95-
361

Name Availability	
Document Examiner	GSH
Updater	GSH
Updater Verifyer	GSH
Acknowledgement	GSH
W. P. Verifyer	GSH

Examiner's Initials	

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 13, 1995

MARIE WHITE
P.O. BOX 61414
ST. PETERSBURG, FL 33784

SUBJECT: GRIEF RECOVERY CENTERS
Ref. Number: W95000003261

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

We have reviewed your application and have determined that the information inserted in Part III is merely a tradename or fictitious name. Therefore, we are enclosing a Fictitious Name Registration Packet for you to complete and return to this office. The fee to register a fictitious name is $50. If the check(s) submitted to cover the registration of your mark was retained in this office, please return the completed fictitious name application to the attention of the examiner indicated below so your money will be properly credited.

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6917.

Gretchen Harvey
Corporate Specialist Supervisor

Letter Number: 395A00006255

Florida Department of State

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

Name & address to whom acknowledgement should be sent:
Marie White
P.O. Box 61414
St. Petersbury, FL 33784
(813) 577-7749
Daytime Telephone number

PART I

1. (a) Applicant's name: Marie White

(b) Applicant's business address: 8601-4th St. N. Suite 201
St. Petersbury, FL Zip: 33702

(c) Applicant's telephone number: (813) 577-7749

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

If other than an individual,

(1) Florida registration number: N43015

(2) Federal Employer Identification Number: 59-3059596

(3) Domicile State: FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -6 PM 2:01

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)
Mental Health Counseling

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbeque grills, shoe laces, etc.)
Advertising Giveaways (pencils, pens, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)
Brochures, advertising, flyers, etc.

(Continued)

(d) The class(es) in which goods or services fall:

42 Mental Health Counseling

PART II

1. Date first used by the applicant, predecessor, or a related company(must include month, day and year):

(a) Date first used anywhere: 04/15/91

(b) Date first used in Florida: 04/15/91

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

"Know Thyself" - Grief Recovery Centers

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Grief Recovery Centers " APART FROM THE MARK AS SHOWN.

I, Marie White, 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 no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. 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.

Marie White
Typed or printed name of applicant

Applicant's signature or authorized person's signature
(List name and title)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -6 PM 2:01

STATE OF Florida
COUNTY OF Pinellas

On this 23rd day of February, 1995, Marie White personally appeared before me,

☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Laura Lynn Aurigemma
Notary Public Signature

Laura Lynn Aurigemma
Notary's Printed Name

LAURA LYNN AURIGEMMA
MY COMMISSION # CC415183 EXPIRES
October 20, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

Seal

My Commission Expires: _____

FEE: $87.50 per class

Helping With Losses Of All Kinds

Grief Recovery Centers

- Life Disappointments
- Changes
- Losses

"Know Thyself"

Grief Recovery Centers™

A Non-Profit Charitable Organization