

Requestor's Name
197000001365

Address

City/State/Zip Phone #

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 97 NOV -6 AM 9 08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Florida Education Foundation (41)
 (Corporation Name) (Document #) 200002342822--8
2. 685/747/740/761
 (Corporation Name) (Document #) -11/10/97--01076--019
*****87.50 *****87.50
3. 789/41+16 (Florida Education, & Foundation)
 (Corporation Name) (Document #)
4. No Money
 (Corporation Name) (Document #) 87.50 FF

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status / 365

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name Availability	<u>NP 1/2</u>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

797/365
797-22519

(Signature)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 2, 1997

LIZA MCFADDEN
325 W. GAINES ST., SUITE 126
TALLAHASSEE, FL 32399-0400

SUBJECT: FLORIDA EDUCATION FOUNDATION
Ref. Number: W97000022519

We have received your document for FLORIDA EDUCATION FOUNDATION, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$175.00.

In Part I(2)(a) or (b) you must state the goods or services the mark is used in connection with. If the mark is a trademark, you must specify the specific goods or products. If the mark is a service mark, you must specify the exact services you are providing.

Class(es) (41 & 16) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (41 & 16).

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: FLORIDA, EDUCATION, FOUNDATION

The specimens provided this office are not acceptable; we need three permanent specimens. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration.

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 (850) 487-6918.

Florida Department of State, Sandra B. Mortham, Secretary 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 acknowledgment should be sent:

Liza McFadden

325 W. Gaines St., Suite 126

Tallahassee, FL 32399-0400

(850) 488-8385

Daytime Telephone number

PART I

1. (a) Applicant's name: Florida Education Foundation, Inc.

(b) Applicant's business address: 325 W. Gaines St., Suite 126

Tallahassee, FL 32399-0400

City/State/Zip

(c) Applicant's telephone number: (850) 488-8385

Individual Corporation Joint Venture Other:

General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: N08500 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-2718509

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.)

Educational - provides plaques and awards for various recognition programs.

(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, barbecue grills, shoe laces, etc.)

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

Newspaper ads, brochures, letterhead, business cards, posters, promotional

educational materials, booklets, etc.

(Continued)

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

41

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: 9/15/97 (b) Date first used in Florida: 9/15/97

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.)

Fanciful "F" in Roman font precedes the wording "Florida Education Foundation". The words are partially printed over three diagonal stripes which are aligned in size with the capital "F"

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

Florida, Education, Foundation " APART FROM THE MARK AS SHOWN.

I, Liza McFadden, 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

Liza McFadden

Typed or printed name of applicant

Liza McFadden, Executive Director, Florida Education Foundation

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

STATE OF Florida

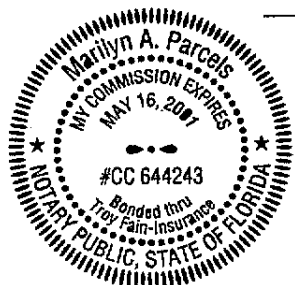
COUNTY OF Leon

On this 9th day of September, 19 97, Liza McFadden

personally appeared before me,

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
97 NOV -6 AM 9:03
FILED



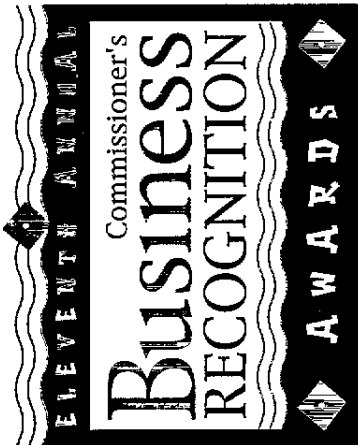
Seal

Marilyn A. Parcels
Notary Public Signature

Marilyn A. Parcels
Notary's Printed Name

My Commission Expires: May 16, 2001

FEE: \$87.50 per class



SELECTION FORM

Selections must be received by October 20, 1997. Faxes will not be eligible.

Business

School District

Business/Organization: _____

CEO/Owner: _____

Address: _____

Phone: _____

Contact: _____

County: _____

District Office: _____

Address: _____

Phone: _____

Contact: _____

Please return to:
 Office of Business and
 Educational Alliances
 Florida Department of Education
 325 West Gaines Street, Suite 126
 Tallahassee, Florida 32399-0400
 (850) 488-8385

Hosted by



Please evaluate the partnerships that have shown the most commitment, creativity and innovation in bringing about positive change to your school district, and select the number of winners according to the size of your district.

The overall selection criteria will be based on the Department of Education's three strategic goals - programs that increase high student achievement, promote greater government efficiency and strive for a safe learning environment. The specific selection criteria will be determined by each district.

Please submit the following for each winner by October 20, 1997:

A summary of your partnership in approximately 300 words

A one-paragraph description of the company or individual

The company logo

Two photographs of your partnership in action (color or black and white)

Check One

- Small Business (1-49)
- Medium Business (50-499)
- Large Business (500+)

Superintendent _____

Date _____