

T98000000120

Registrars Name	
Address	
City/State/Zip	Phone #

Office Use Only

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

1. Helping You Organize your time & design (35)
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy |
| | | <input type="checkbox"/> Certificate of Statute |

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

T98-120

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 -02/05/98-01072-002
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Name	
Availability	<i>up/np</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

4

Examiner's Initials	
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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:

MAGNOLIA WILLINGHAM
17262 NW 60 CT
MIAMI LAKES, FL 33015
(305) 558-6269
Daytime Telephone number

PART I

1. (a) Applicant's name: GET ORGANIZED! TIME MANAGEMENT SPECIALISTS,
INC.

(b) Applicant's business address: 17262 NW 60 CT
MIAMI LAKES, FL 33015
City/State/Zip

(c) Applicant's telephone number: (305) 558-6269
 Individual Corporation Joint Venture Other: _____
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: P96000090237 (2) Domicile State: _____

(3) Federal Employer Identification Number: applied for

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.)

secretarial services, professional organizers, or
consulting services

(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.)

N/A

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

labels, newspaper advertisements, brochures, letterhead,
business cards, envelopes

(Continued)

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

CLASS 42 MISCELLANEOUS 35

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: Dec. 1 1997 (b) Date first used in Florida: DEC 1 1997

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.) HELPING YOU ORGANIZE YOUR TIME
Clock and Man; Clock is on top of man; man is holding
numbers 9 and 2 (from clock); man has number 9 in
left and 2 in right.

2. DISCLAIMER (if applicable)

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

ORGANIZE, TIME " APART FROM THE MARK AS SHOWN.

I, MAGNOLIA WILLINGHAM, 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

MAGNOLIA WILLINGHAM

Typed or printed name of applicant

Magnolia Willingham, PRESIDENT

Applicant's signature or authorized person's signature

(List name and title)

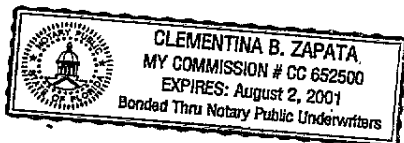
STATE OF FLORIDA

COUNTY OF DADE

On this 2 day of February, 19 98, MAGNOLIA WILLINGHAM
personally appeared before me,

who is personally known to me

whose identity I proved on the basis of FDL# W452 540 70666



CB Zapata

Notary Public Signature

Clementina B ZAPATA

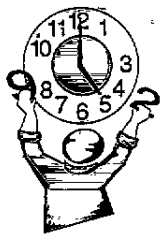
Notary's Printed Name

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TALLAHASSEE, FLORIDA

Seal

My Commission Expires: _____

FEE: \$87.50 per class



Helping You Organize Your Time

Get Organized!

TIME MANAGEMENT SPECIALISTS

Maggie Willingham
Professional Organizer

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Email: maggie@go2day.com
Website: www.go2day.com

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