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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

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

1. Orchid Island Clams (31)
(Corporation Name) (Document #)
2. 789/740 / 749/671
(Corporation Name) (Document #)
3. Orchid Island, clams
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

198-353

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198-5490

Name Availability	up hp
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 12, 1998

EDWARD C. MANGANO
AQUAGEM FARMS INC.
107 DELVALLE ST.
MELBOURNE BEACH, FL 32951

SUBJECT: ORCHID ISLAND CLAMS
Ref. Number: W98000005490

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

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: ORCHID ISLAND, CLAMS

We need three permanent specimens. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

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.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 998A00013441

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:

AQUAGEM FARMS, INC.
107 DELVALLE ST
MELBOURNE BEACH FL 32951
(561) 589-1600
Daytime Telephone number

PART I

1. (a) Applicant's name: AQUAGEM FARMS INC.

(b) Applicant's business address: 1731 INDIAN RIVER DRIVE
SEBASTIAN, FL. 32958
City/State/Zip

(c) Applicant's telephone number: (561) 589-1600

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

If other than an individual,

(1) Florida registration number: 994-65851 (2) Domicile State:

(3) Federal Employer Identification Number: FID # 59-3272107

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.)

(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.)

FARM RAISED CLAMS

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

BROCHURES; TAGS (SHELLFISH HARVEST TAGS)
ADVERTISEMENTS; BOXES
→ MAGAZINE + NEWS PAPER.

(Continued)

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

CLASS 31 NATURAL AGRICULTURAL PRODUCTS

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: 1/1/98 (b) Date first used in Florida: 1/1/98

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.)

ORCHID ISLAND CLAMS

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " ORCHID ISLAND CLAMS " APART FROM THE MARK AS SHOWN.

I, Edward C. Mangano 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

AQUAGEM FARMS INC.

Typed or printed name of applicant

EC Mangano - EDWARD C. MANGANO
Applicant's signature or authorized person's signature
(List name and title) PRESIDENT

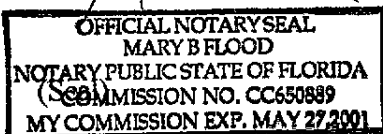
STATE OF FLORIDA

COUNTY OF INDIAN RIVER

On this 28 day of FEBRUARY, 19 98, EDWARD C. MANGANO personally appeared before me,

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

Mary B Flood



Mary B Flood
Notary Public Signature

MARY B. FLOOD

Notary's Printed Name

My Commission Expires: _____

FEE: \$87.50 per class

SEE THE QUALITY

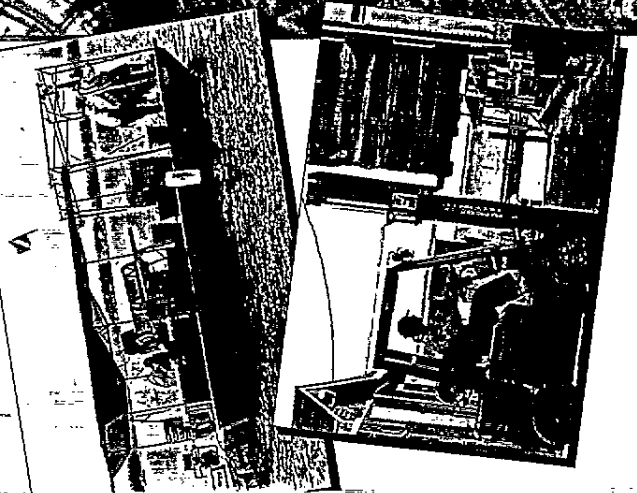
With all of the farm-raised clams recently flooding the market, how do you decide which brand to purchase? The answer is clearly "Brilliant."

The distinct contrast of our "Brilliant" white and brown shell patterns are the result of a healthy growing area, with clean waters. And the taste speaks for itself.

TASTE THE DIFFERENCE

When served raw on the half shell, Orchid Island Clams" explode with a fresh, crisp flavor – and when steamed in wine and served with garlic butter, our Orchid Island Clams" reveal a plump, salty full-bodied taste that leaves all that indulge pleasantly satisfied.

Always fresh and tasty, clean and gulf free – you can rely on Orchid Island Clams" to bring a satisfied smile to your customer's face.



AQUAGEM FARMS INC.

1731 Indian River Drive
Sebastian, Florida 32958 USA

• Ph: 561-589-1600 • Fax: 561-589-5080
Internet: www.orchidclams.com

From Our Farms To You...
Florida Farm-Raised Clams