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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 28, 1999

REBECCA MILLER ALEXANDER PATTERSON GROUP 332 EAST EIGHTH STREET CINCINATI, OH 45202

SUBJECT: OFFICE ABILITY AND SLOGAN "FURNISHING AMERICA'S

WORKPLACE"

Ref. Number: W99000017414

We have received your document for OFFICE ABILITY AND SLOGAN "FURNISHING AMERICA'S WORKPLACE" and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The applicant must be a legal entity, such as an individual, firm, partnership, corporation, association, or union. You may list the applicant's fictitious name in addition to the applicant's legal name. If the applicant is a partnership, please indicate general or limited partnership in Part I(1).

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: 299A00038422

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO:	Division of Corpor Post Office Box 63	27						
	Tallahassee, FL 3	2314		Name & ad	dress to whom ackno	wledgment sho	uld be sent:	
			-		nder Patters			
				332 Ea	st Eighth S	Street		Miller
				Cincir	nati, <u>OH</u>	15202	•	
				(513	621-9111	Į.		
			'	Daytime Te	lephone number			
i. (a)	Applicant's name: _		Interior	PARTI Servic	es, L.C.			
, ,	Applicant's business		1020 S.W	. 10th	Avenue, Bay	, 2	-	
	~ ~		Pompano.	Beach,	FL 33069			-
(c)	Applicant's telephon	— e number: <u>(</u>	954 9	43-6004	City/State/Zip			
	Individual General Partnership		poration nited Partnersh	in	☐Joint Venture☐Union	Othe	r. L.C.	-
If other	than an individual, rida registration nun	1.06	00000135	•	_ (2) Domicile St	ate: Flori	da	
(3) Fed	leral Employer Ident	ification Nu	mber:58	-293208		· · · · ·	-	·
2. (a)	If the mark to be reg (i.e., furniture movin Office	g services, d	ervice mark, t liaper services e Sales	s, house pai	nting services, etc	h which the m	ark is used	1:
		···· - · · ·		٠.				<u> </u>
,	•				•	- w-		
(b)	If the mark to be reg i.e., ladies sportswer	istered is a true, cat food,	rademark, the barbecue grills	goods in co s, shoe lace	onnection with wins, etc.)	ich the mark i	s used:	
	·		:				*	
		•. •	-					<u></u> .
(c) '	The mode or manner Business	in which th Cards, I	e mark is used 3 no c hu ne s	l:(i.e., label	s, decals, newspap	oer advertisem	ents, broc	hures, etc.)
	,			*****				
			(C	Continued)			·	

CR2E014(7/97)

d) The class(es) in which goods or services fall:
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: 6/1/99 (b) Date first used in Florida: 6/1/99
1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)
OFFICE ABILITY - FURNISHING AMERICA'S WORKPLACE
2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " OFFICE, FURNISHING, AMERICA"S, WORKPLACE "APART FROM THE MARK AS SHOWN.
I, REBECCA MILLER - CONTROLLER, being sworn, depose and sa y 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 compa ny 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 REBECCA MILLER
Typed or printed name of applicant Revecue Mulle Applicant's signature or authorized person's signature (List name and title) COUNTY OF HAMILTON
On this 15th day of July , 19 99 , Rebecca Miller personally appeared before me, who is personally known to me whose identity I proved on the basis of
Notary Public Signature Gary T. Motz
Notary's Printed Name Notary's Printed Name Office Ability
Office Ability Furnishing America's Workplace. Kimberly Williams

 Ph: 954.943.6004
 780 International Plany.

 Fax: 954.943.0059
 Sunrise, FL 33351

Director of Design