Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000360389 3)))



H210003803893ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L. Account Name

Account Number: I20020000137

: (904)301-1269

Phone Fax Number

: (904)301-1279

# Trademark/Servicemark Registration BETTER LIFE HOME HEALTH

Certificate of Registration	0
Certified Copy	0
Page Count	96
Estimated Charge	\$87.50

Electronic Filing Menu

Trademark/Servicemark Filing Menu

Help

: SALV

H210003603893

## **COVER LETTER**

Division of Corporations		
BETTER LIFE HOME HEALTH		
(Mark to be registered)		
The enclosed Trademark/Service Mark Application, s	pecimens and	fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the follow	wing:
Richard S. Vermut		
(Name of Person)	<u> </u>	<del></del>
Driver, McAfee, Hawthorne & Diebenow PLLC		
(Firm/Company)		
One Independent Drive, Suite 1200		
(Address)		<del>_</del>
Jacksonville, FL 32202		
(City/State and Zip Code)		
For further information concerning this matter, please	call:	
Richard S. Vermut	904 _ at (	807-8207
(Name of Person)	(Area Coo	de & Daytime Telephone Number)
Mailing Address:		Street Address: Registration Section
Registration Section		Division of Comprations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

# APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES

H21000360389 3

### PART I

ΓO:	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314  PART I
	PART I
	WNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the of the Trademark and/or Service Mark on the records of the Florida Department of State.
(a)	Owner's/Applicant's name: ALIVIA CARE SOLUTIONS, INC.
(b)	Owner's/Applicant's business address: 4266 Sunbeam Road
	Jacksonville, FL 32257
	City/State/Zip
diffe	erent, Owner's/Applicant's mailing address:
	City/State/Zip
(c)	Owner's/Applicant's telephone number: (
	the appropriate box to indicate the Owner/Applicant is a(n):  Individual
l) Flo	orida registration/document number: N20000009601
	omicile State or Country: Florida
3) Fe	deral Employer Identification Number: 85-2777461
onnec nust li iaper	SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in the specific service, the mark is a service mark. If the mark is a service mark, the applicant/owners the specific service(s) the mark is being used in connection with. For example: furniture moving services, services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant the mark to identify services available in the market place, enter the specific service(s) being rendered here
Note:	List only those services currently being rendered by the owner/applicant. Do not include future services.)
Iome l	nealth care services
	·

03/2//2021	11.37 000	1 0 0
HZTUUUDOUDAY	د	(

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market	
etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:	
	٠.
	۱ ۱ سم
	•
(Note: List only those product(s) currently available. Do not include future products.)  2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:	
SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, y must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the gene public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the me is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used advertising here:	ral <u>uk</u>
Internet website and social media	
TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by fore the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. Fexample: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or to packaging:	or La
2. (d) <u>FEE(S) AND CLASS(ES)</u> : There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.	
List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:	
Class 44	

H210003603893

#### PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a n	mark to be in use prior to registration.	
(a) Date first used in other state or count	try, if applicable:	NSEP 2
(b) Date first used in Florida: July 15, 202	21	
	PART IΠ	M SEP 27 PH TO TO
ENTER NAME, LOGO, DESIGN AN	ID/OR SLOGAN BEING REGISTERED:	
1. Enter the name, a brief description of the logo and/or design must be 25 words here: (NOTE: The name, logo, design a and/or slogan listed on your specimens of	the logo or design, and/or the slogan you are regis s or less. List the exact name, slogan, and/or dese and/or slogan listed in this section must match the or examples.)	stering. The description of cription of the logo/design exact name, logo, design
BETTER LIFE HOME HEALTH		
Provide the English translation of any and	d all terms listed #1 above, when applicable:	
be disclaimed. When you disclaim a spec others and that you do not claim the exclu representations of cities, states or countrie of Florida, the design of the United States specific product(s) and/or(s) service being	n that is commonly used by others. Commonly used it is the cific term or design, you are acknowledging this to use right to use the disclaimed term or design. As must be disclaimed (i.e., Miami, Orlando, Flores of America, etc.). Corporate suffixes and terms in provided must also be disclaimed.	term is commonly used by All geographical terms and rida, the design of the state readily associated with the
	require a disclaimer in the space provided below:	
NO CLAIM IS MADE TO THE EXCLU	JSIVE RIGHT TO USE THE TERM(S)"	·
home health	" APART FROM THE N	MARK AS SHOWN.

#### H21000360389 3

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

#### SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

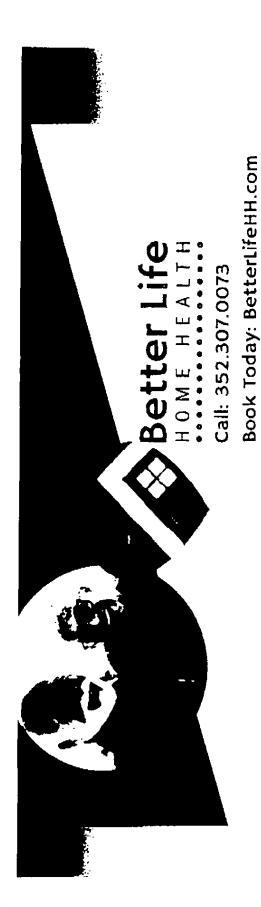
	Alivia Care Solutions, Inc.	name of applicant	产
	Sign 12.6	s signature Susan Ponder-Stansel,	AND SER 27
	Applicant (List name	s signature Susan Ponder-Stansel, e and title)	President a CEO
STATE OF FLORIDA COUNTY OF DUVAL			FR 4: 13
Sworn to (or affirmed) and su	bscribed before me by means of p p p 10 p p p p p p p p p p p p p p p	r-Stansel, President & CEO_), of person making statement	zation, this (numeric date) this
	1 X W X	Notary Public's Signatu	: (re.)
/	<u> </u>	Notary Public's Printed	d Name
Personally Known ( OR Pr		- State of the sta	BONNUE A. OVERBEY Commission # HH 117997

FILING FEE: \$87.50 per class

1

Better Life Home Health, one of the select few Five-Star rated home health care agencies in The Villages, specializes in providing HOME HEALTH •••••••••••• **Better** in-home therapy and rehabilitative services so you can live a Better Life. Live Your Best Life with Patients Physiciams Types of Theatment Our Yearn

CASSIGNOTE CHASTISTICS ENGINEERINGS





**Better Life Home Health** 

