

T13000000212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

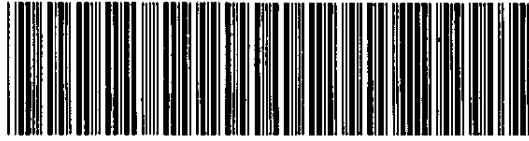
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400308556014

02/05/18--01028--010 \*\*175.00

400308556014  
02/02/18--01016--002 \*\*87.50

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TALLAHASSEE, FLORIDA

2/5/18 QS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2018

ROB FRONRATH  
700W BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33426

SUBJECT: FLORIDA MEDICAL MARIJUANA HEALTH CENTER A DESIGN OF  
A HALF CIRCLE AROUND A GREEN CROSS, MARIJUANA LEAF AND AN  
OUTLINE OF THE STATE OF FLORIDA  
Ref. Number: W18000013597

We have received your document for FLORIDA MEDICAL MARIJUANA HEALTH  
CENTER A DESIGN OF A HALF CIRCLE AROUND A GREEN CROSS,  
MARIJUANA LEAF AND AN OUTLINE OF THE STATE OF FLORIDA and your  
check(s) totaling \$175.00. However, the enclosed document has not been filed  
and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

Class(es) 25, 5, 44 would appear applicable to your specific mark. Please delete  
the class(es) you have on line 2 (d) and insert the pertinent class(es) 25, 5, 44.

Section 495.031(4), F.S., requires the application for registration to be  
accompanied by three specimens or facsimiles. Although the specimens you  
submitted with your application is/are acceptable, you neglected to send three.  
Please submit the additional specimens or facsimiles as required by law.

The specimens provided this office are not acceptable; we need three permanent  
specimens, **which may be the same or different**. We do not accept 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 publications. We need  
specimens for each class of registration. We DO NOT accept letterhead,  
stationery, envelopes, invoices or mailing labels.

Please attach your specimens to a copy of this letter or to your corrected  
application, if it was returned to you for correction(s), and return it/them to this  
office for processing.

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

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statement found in #2 of Part III of the application: "FLORIDA", "MEDICAL",  
"MARIJUANA", & "HEALTH."

There is a balance due of \$87.50.

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) 245-6051.

Dionne M Pijoux  
Regulatory Specialist

Letter Number: 618A00002857

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Medical Marijuana Health Center

(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

rob fronrath

(Name of Person)

Florida Medical Marijuana Health Center

(Firm/Company)

700w boynton beach blvd

(Address)

boynton beach

(City/State and Zip Code)

For further information concerning this matter, please call:

rob fronrath

(Name of Person)

at ( 561 ) 223-0743

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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(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

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: Flamjcenter LLC

(b) Owner's/Applicant's business address: 700 w boynton beach blvd  
boynton beach, fl 33426  
City/State/Zip

If different, Owner's/Applicant's mailing address: \_\_\_\_\_  
City/State/Zip

(c) Owner's/Applicant's telephone number: (561) 223-0743

Check the appropriate box to indicate the Owner/Applicant is a(n):

- Individual       Corporation       Joint Venture       Limited Liability Company
- General Partnership     Limited Partnership     Union       Other: \_\_\_\_\_

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: L17000255742

(2) Domicile State or Country: florida

(3) Federal Employer Identification Number: 82-4054064

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using 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.)

medical marijuana recomendations , medical facility with  
a licensed m.D. on staff , sales of CBD products

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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 place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

T-Shirts,CBD tinctures,CBD topical,CBD softgels

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, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

business cards,brochures

**TRADEMARKS:** If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

label and printed on shirts

2. (d) **FEE(S) AND CLASS(ES):** 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:

25,44,5

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**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 mark to be in use prior to registration.**

(a) Date first used in other state or country, if applicable: \_\_\_\_\_

(b) Date first used in Florida: 10/10/2017

**PART III**

**ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:**

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

Florida medical marijuana health center in a half circle around a green cross, marijuana leaf and an outline of the state of florida

Provide the English translation of any and all terms listed #1 above, when applicable: \_\_\_\_\_

2. DISCLAIMER STATEMENT (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" Florida, medical, marijuana  
Health "APART FROM THE MARK AS SHOWN.

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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:

I, Robert Fronrath, 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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.

Robert Fronrath  
Typed or printed name of applicant  
[Signature] pres  
Applicant's signature  
(List name and title)

STATE OF Florida  
COUNTY OF Palm Beach

Sworn to and subscribed before me on this 31<sup>st</sup> day of January, 2018, Robert Fronrath  
(Name of Individual Signing)

who is personally known to me  whose identity I proved on the basis of FL DL  
\* F656-764-65-249.0



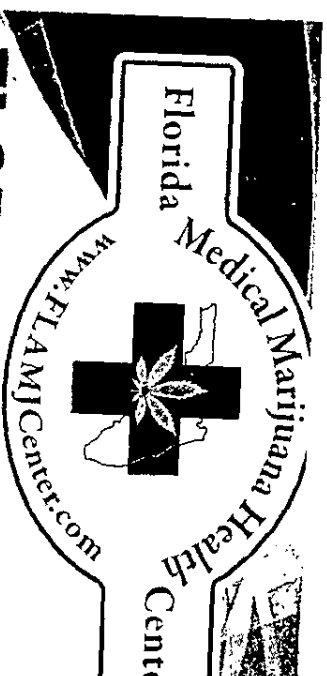
[Signature]  
Notary Public Signature  
David Grzech  
Notary's Printed Name

My Commission Expires: 03/05/2019

FILING FEE: \$87.50 per class

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FLORIDA





# FLORIDA MEDICAL MARIJUANA HEALTH CENTER



*"You Don't Have  
whisper it's legal"*

**Our Mission: To provide  
alternative medical options  
with CBD, Low THC and Full TH  
Appropriate recommendations**

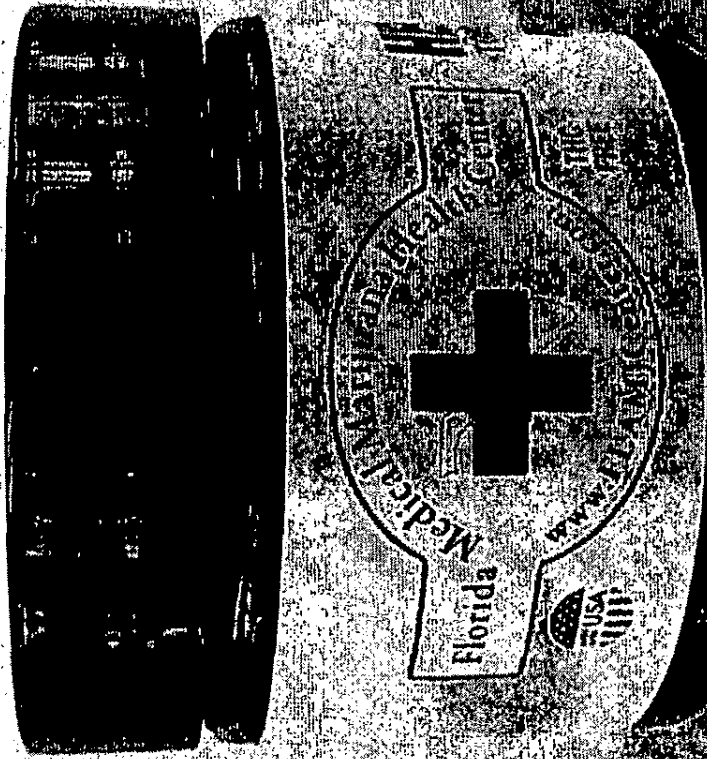
700 W. Boynton Beach Blvd., Boynton Beach, FL 334

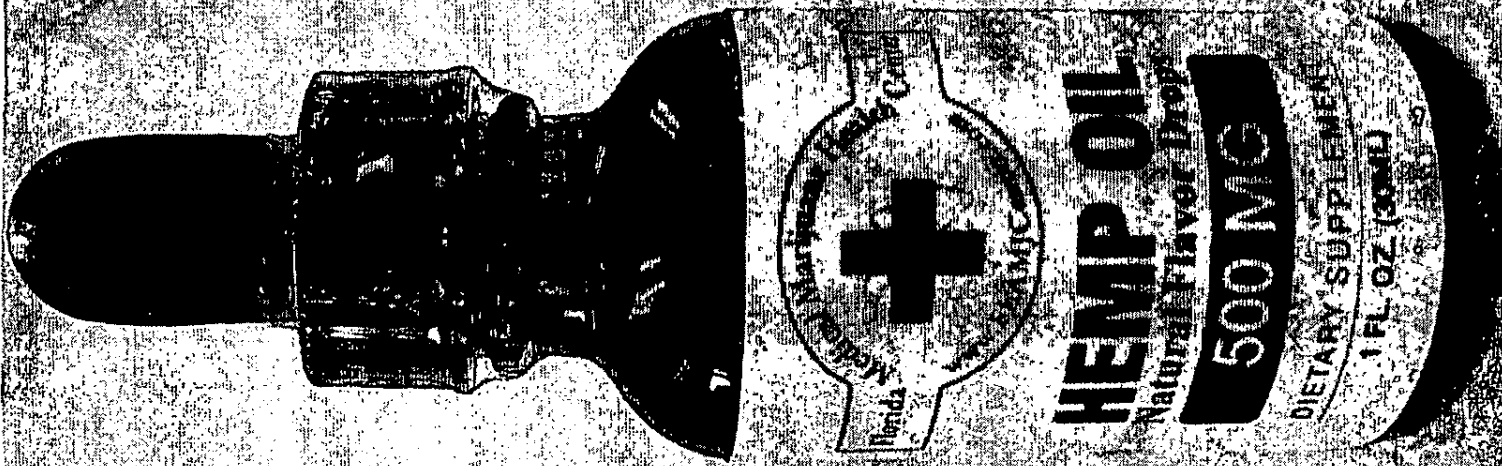
**561-222-3074**

Rob Fromuth  
Flamjcenter.com  
700 W Boynton Beach Blvd  
Boynton Beach, FL 33426  
Flamjcenter@gmail.com  
561-223-0743  
HABLAMOS ESPANOL



FLORIDA MEDICAL MARIJUANA HEALTH CENTER



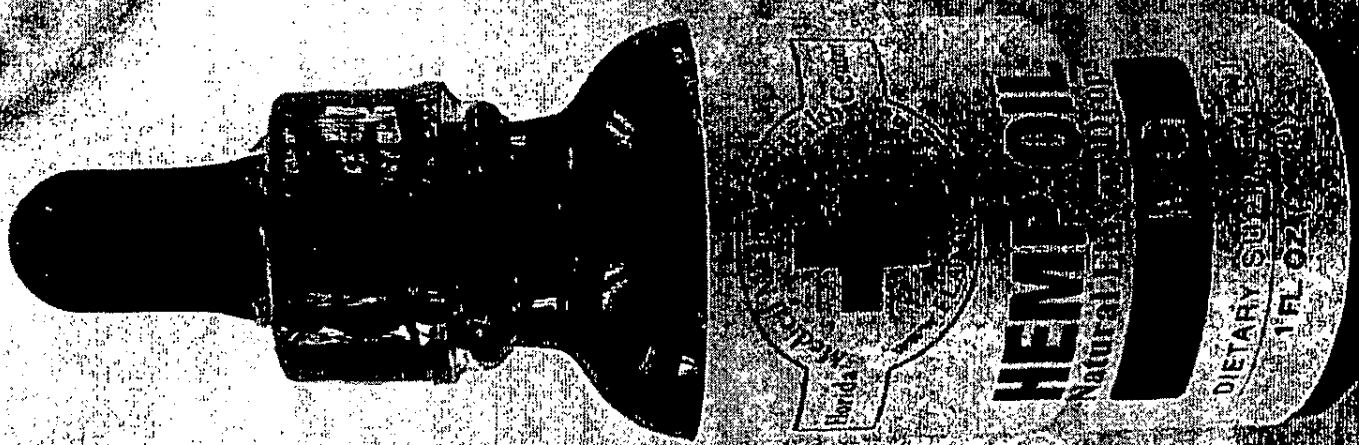


Florida  
500 MCG

**HEMP OIL**  
Natural Flavorless

**500 MCG**

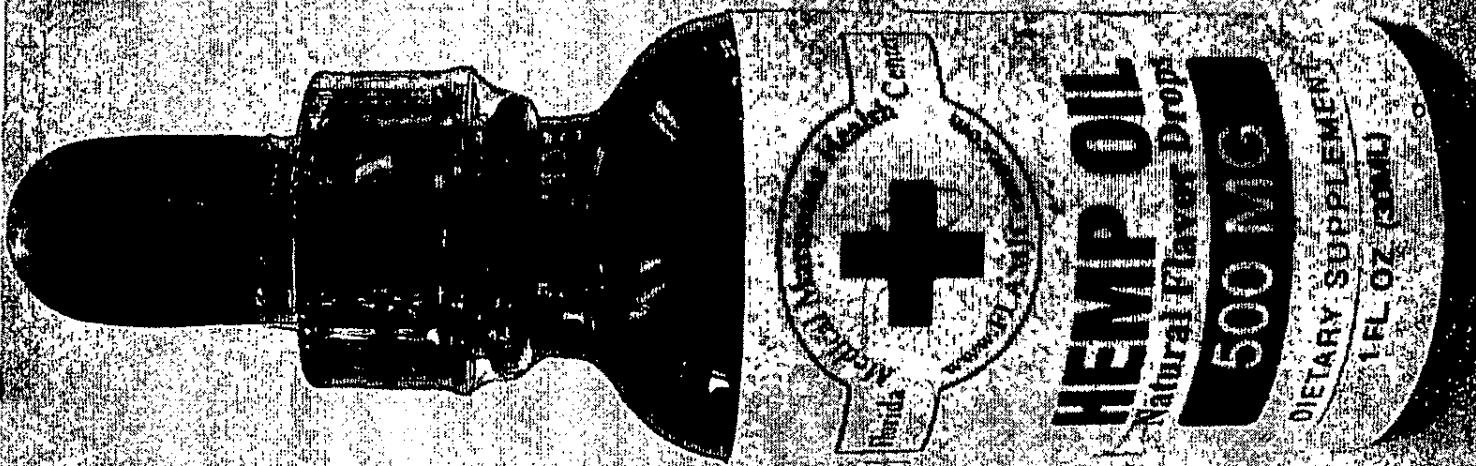
DIETARY SUPPLEMENT  
1 FL. OZ. (30ML)



ON GLASS

PLEASE DO NOT





**HEMP OIL**

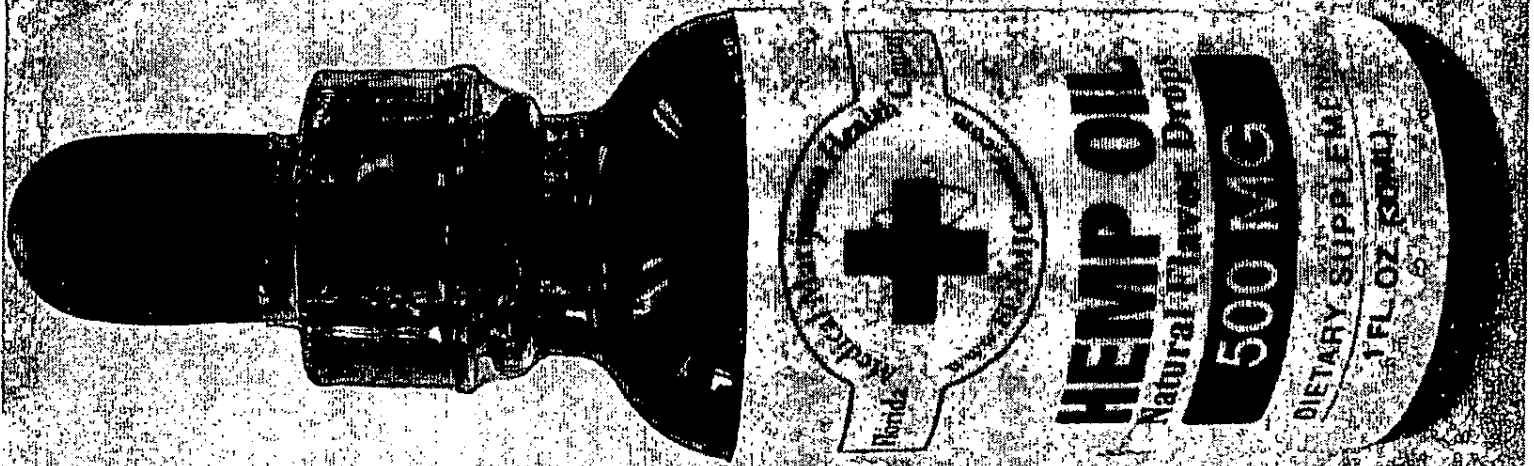
Natural Flavored Drops

**500 MG**

DIETARY SUPPLEMENT

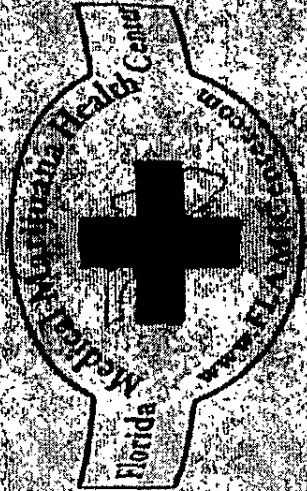
1 FL OZ (30ML)

MADE IN FLORIDA



HEMP OIL  
NATURAL FLAVORED OIL  
500 MG  
DIETARY SUPPLEMENT  
1 FL. OZ. (30ML)





# **HEMP OIL**

Softgel Capsules

DIETARY SUPPLEMENT  
90 (THIRTY) 25 MG CAPSULES (1.5 OZ) (45g)

PLEASE DO



**HEMP OIL**

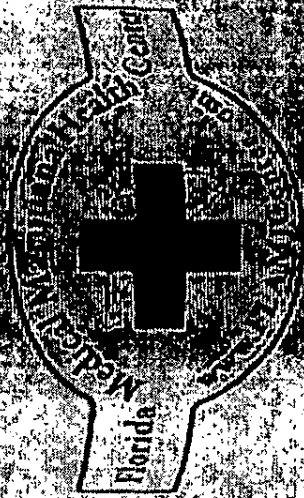
Softgel capsules

DIETARY SUPPLEMENT

300 mg / 200 mg / 100 mg

PLEASE DO





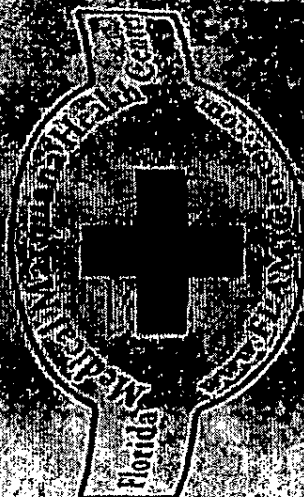
# HEMP OIL

Softgel Capsules

DIETARY SUPPLEMENT

90 (30) 25 mg. C.A.T. 15

PLEASE DO



# HEMP OIL

Softgel Capsules

DIETARY SUPPLEMENT

PLEASE DO