

03/15/2016

**Wisconsin Department of Financial Institutions**

Strengthening Wisconsin's Financial Future

Search Trade Names and Trademarks**Trademark****Description:****Last / Corporation****Name:****City :****State :****Zip Code :****From Date:****To Date:***Trademarks are valid for 10 years.**Search All Years:*

Your search returned 3 results.

Mark ▲▼	First Name ▲▼	Last Name / Corporation ▲▼	Mail Address ▲▼	City ▲▼	State ▲▼	Zip ▲▼	File Date ▲▼	View
FLORIST IN WAUKESHA WI	JAMES	POSSI	918 E MORELAND BLVD	WAUKESHA	WI	53186-	12/2/2015	
FLORIST IN WAUKESHA WISCONSIN	JAMES	POSSI	918 E MORELAND BLVD	WAUKESHA	WI	53186-	12/2/2015	
FLORIST IN WAUKESHA WISCONSIN	JAMES C.	POSSI	918 E. MORELAND BLVD.	WAUKESHA	WI	53186-	12/10/2008	

03/15/2016

Print

Reset



State of Wisconsin – Department of Financial Institutions

Registration of Tradename/Trademark

Per Chapter 132 Wisconsin Statutes

OFFICE USE ONLY

Received Date:

File Date: DEC - 2 2015

Trademark/name ID: 2015/443453

- Registration is effective for 10 years.
Filing fee is \$15.00 – Make checks payable to Department of Financial Institutions.

1. This is a: [x] first time registration [] renewal registration
2. Date of first use: Month(MM) 11, Day(DD) 24, Year (YYYY) 2015

3. Legal name of organization or individual applying for this registration
James Possi

4. Street address or physical location of business: 918 E. Moreland Blv, City: Waukesha, State: WI, Zip: 53186
5. Certificate mailing address (if different from physical location):

6. Exact name or phrase to be registered. If registering a design, please provide a written description and include an example.
Florist In Waukesha Wi

7. Description of business and/or goods for which this registration will be used
flower delivery and services of selling flowers and gifts

8. Contact person: James C. Possi, Email: yourfloristus@gmail.com, Phone: 262-446-4105

9. I, the undersigned, certify that: I am the registrant or duly authorized representative; the information in this document is true and correct; the registrant has the right to the use of the subject registration applied for, and that no other persons or entities have such right either in identical form or near resemblance; that any attachments are correct and that the registrant is licensed or registered by a governmental office if required to do so, or is a resident of the United States.

10. Affix notary seal or stamp
[Notary Seal: JOELLEN BRISK, NOTARY PUBLIC, STATE OF WISCONSIN]

Signature (to be signed in the presence of a Notary): [Signature]
Subscribed and sworn to before me on this date/state/county
Date: 11/24/15, State: WI, County: Waukesha
Notary Signature: Joellen Brisk
Commission Expiration Date: 7/22/2018

This document can be made available in alternate formats, upon request, to qualifying individuals with disabilities.

Address: Trademark Section, Department of Financial Institutions, PO Box 7847, Madison WI 53707-7847, 201 W Washington Ave Suite 300, Madison WI 53703

Contact Information: Phone: 608-266-8915, Fax: 608-264-7965, Email: DFI-Trademark@wisconsin.gov, TTY: 711



State of Wisconsin – Department of Financial Institutions

Registration of Tradename/Trademark

Per Chapter 132 Wisconsin Statutes

OFFICE USE ONLY

Received Date:

File Date: DEC - 2 2015

Trademark/name ID: 20151443457

- Registration is effective for 10 years.
- Filing fee is \$15.00 – Make checks payable to Department of Financial Institutions.

1. This is a: first time registration renewal registration

2. Date of first use

Month(MM)	Day(DD)	Year (YYYY)
11	24	2015

3. Legal name of organization or individual applying for this registration
James Possi

4. Street address or physical location of business 918 E. Moreland Blv	City Waukesha	State Wi	Zip 53186
5. Certificate mailing address (if different from physical location)	City	State	Zip

6. Exact name or phrase to be registered. If registering a design, please provide a written description and include an example.
Florist In Waukesha Wisconsin

7. Description of business and/or goods for which this registration will be used
flower delivery and services of selling flowers and gifts

8. Contact person James C. Possi	Email yourfloristus@gmail.com	Phone 262-446-4105
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9. I, the undersigned, certify that: I am the registrant or duly authorized representative; the information in this document is true and correct; the registrant has the right to the use of the subject registration applied for, and that no other persons or entities have such right either in identical form or near resemblance; that any attachments are correct and that the registrant is licensed or registered by a governmental office if required to do so, or is a resident of the United States.

10. Affix notary seal or stamp

Signature (to be signed in the presence of a Notary) 	Subscribed and sworn to before me on this date/state/county		
	Date 11/24/15	State WI	County Waukesha
Printed Name James Possi	Notary Signature 		
Title Owner	Commission Expiration Date 7/22/2018		

This document can be made available in alternate formats, upon request, to qualifying individuals with disabilities.

Address: Trademark Section
 Department of Financial Institutions
Mail to: PO Box 7847
 Madison WI 53707-7847
Courier: 201 W Washington Ave Suite 300
 Madison WI 53703

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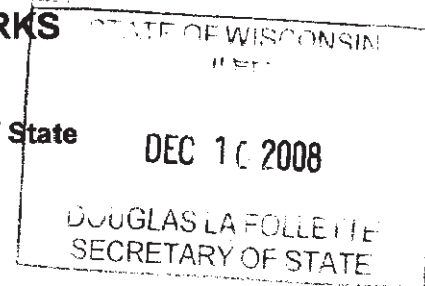
03/15/2016

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OFFICE OF THE SECRETARY OF STATE OF WISCONSIN
APPLICATION FOR REGISTRATION OF MARKS

per chapter 132, Wisconsin Statutes

Filing Fee is \$15.00, make checks payable to Secretary of State
Registration is effective for 10 years



1. State Full Exact Name of Registrant (Party Registering Mark)

James C. Possi

2. If registrant is not an individual person, state the nature or structure of the registrant -for example, corporation, bank, limited liability company, association, club, partnership, etc.

NOTE: If registrant is required to be licensed or registered with any government office, attach copies of the most recent registration documents. Copies are not necessary if the registrant's documents are on file with the Corporations Division of the Wisconsin Department of Financial Institutions. For-profit foreign corporations must be licensed to do business in Wisconsin before this registration can be granted.

3. Describe the type of business and/or goods for which this registration will be used:

Florist Flower Delivery

4. State registrant's residence, location, or place of business. An actual physical site is required, not a post office box.

918 E. Moreland Blv, Waukesha, WI 53186

5. State registrant's mailing address and telephone:

918 E. Moreland Blv, Waukesha WI Phone: () 262-549-0833

NOTE: The certificate of registration will be mailed to the above address, unless another is listed here:

6. Complete "A" or "B". A separate application and fee are required for each mark.

A. If the mark you wish to register consists of words only, print the word(s) here:

Florist in Waukesha Wisconsin

B. If the mark you wish to register consists of words, symbols, pictures, or a combination with a distinctive appearance, describe the mark clearly with a written description, (what does your mark look like?), and enclose two samples of the mark.

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7. The **date** on which you first use the mark is extremely important. **Indicate month and year.**

Date of First Use: Dec ~~2007~~ 2008

8. This is an **original** application or a **renewal** application.

9. If an attorney or agent is completing this application, please provide the following:

Name (Please Print) _____

Business Address _____

Telephone (_____) _____

10. I, **Being Duly Sworn**, state that: I am the registrant or a duly authorized representative of the registrant; the facts set forth in this application are true; the registrant has the right to the use of the subject of the registration applied for, and that no other person or persons, firm, partnership, corporation, association or union of workers has such right either in the identical form or in any such near resemblance thereto as may be calculated to deceive; that any accompanying originals, copies, photographs, cuts, counterparts, facsimiles, or drawings filed herewith are correct; that the registrant is not required to be licensed or registered by any government office, or if the registrant is required to be licensed or registered, true and correct copies of the most recent license or registration documents are attached; and that the registrant is a resident of the United States.

Registrant or Agent must sign below in the presence of a notary public.

Signature of Registrant Or Agent: _____ 

Print Name as Signed Above: James C. Rossi

Title of Party who signed above: owner

State of Wisconsin

County of Waushara

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE: 12/4/08

Notary Signature: Tamara Springer

My Commission Expires on: 05/20/19

Notary must Affix Notarial Seal/Stamp

Office Location
30 W. Mifflin St., 10th floor, Madison, WI 53702
Mailing Address
Secretary of State
Trademark Records PO Box 7848
Madison, WI 53707-7848
Telephone: (608) 266-5653

