



FILED

JUN 04 2025

REGISTRY NUMBER: 53583  
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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request.

OREGON SECRETARY OF STATE For office use only

Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary.

1) CORRESPONDENT NAME: Alyson Florendo MAILING ADDRESS: PO Box 24628  
 2) APPLICANT'S NAME: (Owner:  Individual or  Entity) ADDRESS: Eugene, OR 97402  
 3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION:

4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS:

Logo is a squeezed tube with rollers that portray the tool we sell. The name of the tool is Tube-winger, which is written on the ~~logo~~ <sup>part</sup> of the ~~part~~ <sup>is</sup>

6) SPECIMEN OF MARK IS REQUIRED:  Attach a drawing or photocopy of the mark as it is actually used to this application. Logo Tube-winger

7) GOODS OR SERVICES WITH WHICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.)  
All products made by Florendo LLC, website, emails, documents

8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.)  
As advertising of for product recognition & authenticity

9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a)  
108- Hand Tools

10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:  
8/10/2017

11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:  
8/10/2017


12) EXECUTION:  
I, the applicant, own the mark, the mark is in use, and no other person has registered the mark with the federal government or in Oregon or has the right to use the mark or a mark that so resembles the mark as to be likely to cause confusion or mistake or deceive when applied to the goods or services of the other person. I declare under penalties of perjury that this application is true, correct and complete.

(If applicant is an entity, a member of a firm, officer of the corporation, officer of the limited liability company, or officer of an association must sign.)

Signature: Alyson Florendo Title: owner Date: 5/22/25

CONTACT NAME: (To resolve questions with this filing.)  
Alyson Florendo  
PHONE NUMBER: (Include area code.)  
541-912-5208 541-686-1606

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Processing:



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