

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COV	ER LETTER	
TO: New Filing Section Division of Corporations		
SUBJECT: JusCom, Inc.		
	oration - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporat "Certificate of Existence," or "Certificate of Goabove referenced foreign corporation to transac	od Standing" and check are sub	
Please return all correspondence concerning thi	s matter to the following:	
Christine Doelp		
N	ame of Person	
JusCom, Inc		
	m/Company -	
1866 Leithsville Road - #22		
Hellertown, PA 18055	Address	
	/State and Zip code	
cdoelp@focusfiber.com		
· ·	e used for future annual report	notification)
For further information concerning this matter,	please call:	
Christine Doelp at (2		
Name of Person	Area Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee Certificate of State		\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
Indiana	lable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting busine 37-1759531	ess in Florid	<u> </u>	
<i>L</i>	under the law of which it is incorporated)	(FEI number, if applicable)			
1/3/1989	· · · · · · · · · · · · · · · · · · ·	Perpetual			
4		(Duration: Year corp. will cease to exist or	"perpetual	")	
_{6.} n/a	• ,				
0	(Date first transacted business in	• • •			
10001 ''	(SEE SECTIONS 607.1501 & 607.150				
7. 1866 Leit	hsville Road, # 225, Hellert				
40001 -4	(Principal office address				
1866 Leit	hsville Road, # 225 , Hellerto (Current mailing addre				
	(Curent maning address	222)			
₈ Employr	nent services				
(Purpose	(s) of corporation authorized in home state or cou	intry to be carried out in state of Florida)	<u> </u>	- 	
9. Name and stre	ect address of Florida registered agent: (P.O	. Box NOT acceptable)	돭	3 JAN -7 AHII: 3	
	Focus Fiber	•	经上	-7	
Name:			Th. C.	7	C
	9130 Galleria Court		LORI	==	
Office Address:					
Office Address:	Naples	, Florida 34109	PH.	$\ddot{\Omega}$	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Vice Chairman: Address: Director: ___ Address: Address: __ **B. OFFICERS** President: Christopher Ferguson Address: 1866 Leithsville Road - # 225 Hellertown, PA 18055 Vice President: Address: ___ Rachel Cheli 1866 Leithsville Road - # 225 Treasurer: NOTE: If necessary, you may attachan addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. CHRISTOPHER FERGUSON CED

(Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

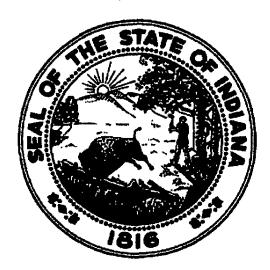
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

JUS-COM, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 09, 1989, and was in existence or authorized to transact business in the State of Indiana on November 08, 2012.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighth Day of November, 2012.

Connie Lawson, Secretary of State AAA SECH STATE STATE