

2/9/2017 10:07:47 AM
2/9/2017

Division of Corporations

216-241-2411

Page 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H17000038580 3)))



H170000385803ABC%

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:
Account Name : HAHN LOESER + PARKS LLP
Account Number : I20050000053
Phone : (216)621-0150
Fax Number : (216)241-2824

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

FocusPoint International, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

2017 FEB -9 AM 11:04

TALLAHASSEE, FLORIDA

2017 FEB -9 AM 10:22
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu Corporate Filing Menu

S Warren

FEB 10 2017

(((H17000038580 3)))

**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.*

1. FocusPoint International, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Ohio
(State or country under the law of which it is incorporated)
3. 47-4612937
(FEI number, if applicable)
4. 07/22/2015
(Date of incorporation)
5. _____
(Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 15830 Foltz Parkway, Strongsville, OH 44149
(Principal office address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: HL Statutory Agent, Inc.
Office Address: 5811 Pelican Bay Boulevard, Suite 650
Naples, Florida 34108
(City) (Zip code)

9. Registered agent's acceptance:

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.

HL Statutory Agent, Inc.

By: Timothy J. McEldowney
(Registered agent's signature)
Timothy J. McEldowney, Assistant Treasurer

10. 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.

(((H17000038580 3)))

(((H17000038580 3)))

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Peter Martin

Address: 15830 Foltz Parkway

Strongsville, OH 44149

Director: _____

Address: _____

B. OFFICERS

President: Peter Martin

Address: 15830 Foltz Parkway

Strongsville, OH 44149

Vice President: _____

Address: _____

Secretary: James Scally

Address: 15830 Foltz Parkway, Strongsville, OH 44149

Treasurer: James Scally

Address: 15830 Foltz Parkway, Strongsville, OH 44149

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. _____ James Scally, Secretary/Treasurer

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

(((H17000038580 3)))

(((H17000038580 3)))

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FOCUSPOINT INTERNATIONAL, INC., an Ohio corporation, Charter No. 2413389, having its principal location in Strongsville, County of Cuyahoga, was incorporated on July 22, 2015 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 9th day of February, A.D. 2017.*

A handwritten signature in cursive script that reads "Jon Husted".

Ohio Secretary of State

Validation Number: 201704000934

(((H17000038580 3)))