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(Re	equestor's Name)	
(Ad	ldress)	
-	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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COVER LETTER

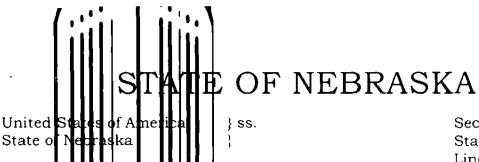
TO: Registration Section Division of Corpora			
FOCUS IT IN			
SUBJECT:	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application be "Certificate of Existence," of above referenced foreign contains the contains th	r "Certificate of Good Sta	anding" and check are sub	
Please return all corresponde SRIRANGA PACHUMARTI	ence concerning this matt	er to the following;	
	Name o	of Person	
FOCUS IT INC			
	Firm/Co	empany	
19138 TIMBER REACH RD			
	Add	dress	
TAMPA, FL 33647			
	City/State	and Zip code	
hr@ifocusitinc.com	·	•	
E	-mail address: (to be used	d for future annual report	
For further information concerning this matter, please call:			
SRIRANGA PANCHUMART	•	767 6547	<u> </u>
Name of Person	at (Area Co	ode Daytime Telep	phone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 32. Enclosed is a check for the f	tions ter Circle 301	MAILING A Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
Enclosed is a check for the I	onowing amount:		
□ \$70.00 Filing Fee □	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPIIANCE WITH SECTION 607 .1503 . FLORIDA STATUTES, THE FOUOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. FOCUS IT INC ,1 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Co rp," "Inc," "Co," or "Corp,") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) NEBRASKA 46-4355489 (State or country under the law of which it is incorporated) (FEI number, if applicable) 12 20 20 13 (Date of incorporation) (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) $_2$ 1717 PENNSYLVANIA AVENW. SUITE 1025. WASHINGTOND. C. 20006 (Principal office address) (Current mailing address, if different) 8 . Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SRIRANGAPANCHUMARTI Name: 19138 TIMBER REACH RD Office Address: TAMPA 33647 Flo rida (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. (Registered agent's signature)

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.

11. Name	es and business addresses of officers and/or directors:		,	
A. DIRE	APPALARAJU PERICHERLA			<u> </u>
Chairman: Address:	1403 Winterberry Cir	- "		
Address.	Bloomington, IL-61705			;
Vice Chair	man:			
Director:				
Address:				
Director:				
Address:				
B. OFFI	CERS APPALARAJU PERICHERLA			
Address:	1403 Winterberry Cir			
_	Bloomington, IL-61705		. ;	
Vice Presid	dent:	:	5 T)	. 1
Address:		; 		· · · · · · · · · · · · · · · · · · ·
Secretary:			<u> </u>	
Address: _		·		
Treasurer:				
Address: _				
NOTE: 1	f necessary, you may attach an addendum to the application listing addition	al officers and	Vor directi	ors.
	P. V. A. C.: Signature of Director or Officer			
The office are true ar	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to gree felony as provided for in s.817.155, F.S.	affirms that th	ne facts sta	ted herein
13. Appa	laraju Pericharla			
	(Typed or printed name and capacity of person signing applied	cation)		



Secretary of State State Capitol Lincoln, Nebraska

John Ale ale, Secretary of State of the State of Nebraska, do hereby certify that

FOCUS IT INC

incorporated on December 20, 2013 and is duly incorporated under the new of Nebraska;

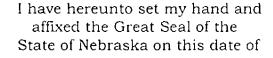
that no occupation taxes due from and assessable against the learning are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by to Corporation to the Secretary of State has become delinquent!

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorse, commendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



October 5, 2017

Secretary of State