

F22000002467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
APR 20 PM 2:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2022 APR 20 AM 8:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX
APR 21 2022

FLORIDA,CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 AMOUNT: \$78.75

AUTHORIZATION SIGNATURE: 

FOCUS LANGUAGE INTERNATIONAL INC
BUSINESS DOCUMENT #

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles

☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☒ CORP

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ APOSTILL() **Country:** _____ Other _____

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

Focus Language International INC

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Selin Cacao

_____	Name of Person
Focus Language International INC	
_____	Firm/Company
14450 Park Ave Suite 100	
_____	Address
Victorville, CA 92392	
_____	City/State and Zip code
selin@focusinterpreting.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Selin Cacao	800	374-5444 ext 708
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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**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.*

Focus Language International INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 03/13/2013
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
- NONE
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
- 14450 Park Ave Suite 100 Victorville, CA 92392
7. _____
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Legacy RA Group Inc


Office Address: 2330 Clare Drive

Tallahassee, Florida 32309
(City) (Zip code)

FILED
2022 APR 20 PM 2:19
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Selin Cacao

☐ Chairman Name: _____
 14450 Park Ave Suite 100
☐ Vice Chairman Address: _____
 Victorville, CA 92392
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Natalie Pena

☐ Chairman Name: _____
 14450 Park Ave Suite 100
☐ Vice Chairman Address: _____
 Victorville, CA 92392
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Selin Cacao / President

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FOCUS LANGUAGE INTERNATIONAL INC.

FILE NUMBER: C3554042
FORMATION DATE: 03/13/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 24, 2022

ALEX PADILLA
Secretary of State

SSCPL04
CPOISTA3

STATUS INQUIRY

PAGE 1

05/16/16
16:30:23.0

NAME FOCUS LANGUAGE INTERNATIONAL INC.

CORP NO C3554042 INC. DATE 03/13/2013 STATUS ACTIVE
DOMESTIC STOCK CLASS
NO OF PAGES 01 ST/CTRY

STMT OF INFO (S1) RECENT SI C DATE 02/02/16 NO FB77931
PRIOR COMPLETE SI C DATE 06/11/14 NO EY84511

PRINCIPAL EXECUTIVE ADDR 333 CITY BLVD WEST #1700

CITY/ST/CNTRY ORANGE CALIFORNIA
ZIP 92868

CALIFORNIA ADDRESS 333 CITY BLVD WEST #1700

CITY ORANGE CA 92868
MAILING ADDRESS FOCUS INTERPRETING
P.O. BOX 634

CITY/ST/CNTRY ORANGE CALIFORNIA
ZIP 92856

CEO NAME NATALIE PENA
ADDRESS 333 CITY BLVD WEST #1700

CITY/ST/CNTRY ORANGE CALIFORNIA
ZIP 92868

AGENT NAME NATALIE PENA
ADDRESS 333 CITY BLVD #1700

CITY ORANGE CA 92856
TYPE OF BUSINESS LANGUAGE SERVICES

ENTR=CONTINUE PF2=HISTORY PF3=BACK TO WORKSCREEN PF10=MAIN MENU



**Secretary of State
Business Programs Division**

Business Entities - Records, P.O. Box 944260, Sacramento, CA 94244-2600

Corporation Status Inquiry

As requested, enclosed is a screen print of the entity's database record. The following is an explanation of the information contained on the enclosed screen print. See the reverse side for a sample screen print.

1. **NAME** – The name under which the domestic (California) or foreign (not California) entity was registered in California.
2. **CORP NO** – The entity identification number assigned by the California Secretary of State at the time of registration.
3. **INC. DATE** – The date the domestic or foreign entity was registered in California. If blank, see #15 below.
4. **STATUS** – The status code for the entity is described as follows:
 - **ACTIVE** – The entity is not suspended or terminated in California.
 - **FTB SUSP** or **FTB FRFT** – The entity was suspended/forfeited by the California Franchise Tax Board for failure to meet tax requirements (e.g., failure to file a return, pay taxes, penalties, interest).
 - **SOS SUSP** or **SOS FRFT** – The entity was suspended/forfeited by the California Secretary of State for failure to file the required Statement of Information and/or for failure to reimburse the Victims of Corporate Fraud Compensation Fund for a paid claim (see #8 below).
 - **SOS/FTB SP** or **SOS/FTB FT** – The entity has been suspended/forfeited by both the California Secretary of State and the California Franchise Tax Board as stated above (also may show FTB/SOS SP or FTB/SOS FT depending upon which agency suspended the entity first).
 - **DISSOLVED** – The entity is dissolved (terminated).
 - **MERGED OUT** – The entity merged into another entity.
 - **CONV OUT** – The entity converted to another type of *domestic* entity.
 - **INACTIVE** – In most cases, the entity converted to a federal entity or consolidated with another entity to form a single entity.
 - **TERM EXP** – The entity's stated term of existence expired.
 - **SURRENDER** – The entity surrendered (terminated) its authority to transact intrastate business in California.
 - **CANCELLED** – The entity's registration filing was cancelled by the California Secretary of State because the payment for the filing fee was not honored by the financial institution.

Note: If the status of the entity is not "ACTIVE" the entity loses the right to use the name in California.

5. The type of entity (domestic stock corporation, domestic nonprofit corporation, foreign stock corporation, foreign nonprofit corporation or foreign association).
6. **CLASS** (*domestic* nonprofit corporation only) – The statutory classification assigned to the entity based on the filings of record. PB = Public Benefit, MU = Mutual Benefit, RE = Religious, SL = Corporation Sole, OC = Cooperative, AG = Agricultural Cooperative and CR = Credit Union. If the classification code is UN, the corporation has not been classified by the California Secretary of State.
7. **CID** will display if the *domestic* entity is formed to manage a common interest development.
8. **VCFCF SUSP** will display when the entity was suspended/forfeited by the California Secretary of State for failure to reimburse the Victims of Corporate Fraud Compensation Fund for a paid claim.
9. **1505 ACTIVE** will display if the entity is a California corporate registered agent authorized to be designated as agent for service of process by other business entities. See #20 below.
10. **NO OF PAGES** – The number of pages of the *entity's registration* document filed with the California Secretary of State. If "00" is displayed, or blank, the information is not contained in the database.
11. **ST/CTRY** – The state or place the entity was organized.
12. **RECENT SI** – The type, file date and document number for the most recently filed Statement of Information. "C" is a *complete* Statement of Information and "N" is a *no change* Statement of Information. A Statement of Information is a document filed with the California Secretary of State containing information such as entity addresses, names and addresses of officers and/or directors, and the name and address of the agent for service of process.
13. **PRIOR COMPLETE SI** – The type, file date and document number for the complete Statement of Information that was filed before the **RECENT SI**.
14. **CID STATEMENT** – The file date and document number for the most recently filed Statement by Common Interest Development Association.
15. **CONVERSION DATE** – The date the entity converted to this type of *domestic* entity.