# F2300000 6197

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#### **COVER LETTER**

TO:	Registration Section Division of Corporation				
SUBJ	ECT: Focus Cleani	ng Solutions, Inc.			
0000		Name of corporat	ion - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good Sorporation to transact bus	tanding'	' and check are submi	
Picase	return all correspon	dence concerning this ma	tter to th	e following:	
Raymo	ond Robert Smith				
		Name	of Perso	on	
Focus	Cleaning Solutions, In	c.			
	·	Firm/C	ompany		
27991	County Road 10, Suite	: 104			
		Ac	dress		
Elkhar	t, IN 46514				
		City/Sta	e and Zi	p code	
ray@f	ocuscleaningsolutions.				
		E-mail address: (to be us	ed for fu	ture annual report not	tification)
For fu	rther information co	ncerning this matter, pleas	se call:		
Raymo	and Robert Smith	at (	ode Daytime Telephone Number		
	Name of Person	Area (	Code	Daytime Telepho	ne Number
	STREET/COURI Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Please		e following amount: b: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 8.75 Filing Fee & rtified Copy	\$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.

Focus Cleaning			<u> </u>
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Focus Clean, Inc			
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in Florida)
2. Indiana	3. '	3 46-5106474	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)
6.			
·	(Date first transacted business in	Florida, if prior to registration)	-
14700 5 5 1	(SEE SECTIONS 607.1501 & 607.150	12, F.S., to determine penalty hability)	
7. 14728 Bay Dr. La			<del>-</del> -
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	-
0.34	. II (Claside assistant decemb) (D.O.	Day NOT agantuhla)	,
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	-
Name:	Jennifer Smith	<del></del>	•
Office Address:	14728 Bay Dr.		द्रा ज
	Largo	, Florida <u>33774</u>	0.2
	(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.

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: 14728 Bay Dr.	
□Director	Largo, FL 33774	□Director	Largo, FL 33774	
President		□President		
□Vice President		■Vice President		
□Secretary	Treasurer	☐ Secretary	□Treasurer	
Other	Other	Other	Other	
Chairman	Name:	□Chairman	Name:	
☐ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	☐Treasurer	
□Other	Other	□Other	Other	
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:		Address:	
□Director		Director		
□President		☐ President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	□Other	Other	Other	
12. The officer or dire	Use an attachment to report more than six (6). To added to the index when-filing your Florida De Signature of Director signing this document (and who is listed in also information submitted in a document to the	partment of State Annual Reference or Officer	eport form.  at the facts stated herein are true and that he or	
she is aware that is s.817.155, F.S.	aise information submitted in a document to the	Department of State constitu	a find degree terms as provided in in	

13. Raymond Robert Smith, President

(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, Greeting:

I, DIEGO MORALES, 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 the proper official to execute this certificate.

I further certify that records of this office disclose that

#### FOCUS CLEANING SOLUTIONS INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 17, 2014, and was in existence or authorized to transact business in the State of Indiana on October 16, 2023.

I further certify this Domestic For-Profit 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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 16, 2023

iego Morales

DIEGO MORALES SECRETARY OF STATE

2014031700815 / 20233419446

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on November 15, 2023.