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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JAN 13 AM 11:09

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
FOCUS-XXI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 JAN 13 PM 3:04

T. BURCH

JAN 14 2021

**CERTIFICATE OF FORMATION
OF
FOCUS-XXI, LLC**

The undersigned organizer of a Florida limited liability company, hereby adopts the following Certificate of Formation for the limited liability company (the "Limited Liability Company"):

ARTICLE ONE

The name of the Company is

"FOCUS-XXI, LLC"

ARTICLE TWO

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 17875 Collins Avenue | Sunny Isles Beach, FL 33160

ARTICLE THREE

Registered Agent

The name and the Florida street address of the registered agent are:

CAPITOL CORPORATE SERVICES, INC.

515 EAST PARK AVENUE 2ND FL TALLAHASSEE FL 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Kim Tadlock

Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

signature

ARTICLE FOUR

Initial Manager

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TALLAHASSEE, FLORIDA

The name and address of the initial Manager of the Limited Liability Company are:

<u>Title</u>	<u>Name</u>	<u>Address</u>
Manager	Javier Gonzalez Torres	17875 Collins
	Avenue I Sunny Isles Beach, FL 33160	

ARTICLE FIVE

Organizer

The name and address of the organizer are:


<u>Name</u>	<u>Address</u>
Lawgistic, Ltd. Co	800 Town & Country Blvd, St 360
	Houston, Texas 77024

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TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned has executed the Certificate of Formation this 13th day of January, 2021.



Lawgistic Ltd.co. Mgr. Juan C. Luna, Organizer

This document becomes effective when the document is filed by the secretary of state