

P13000072048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

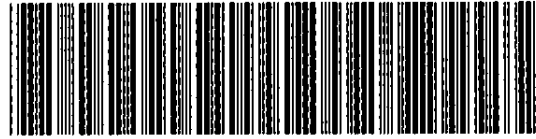
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
OFFICE OF REGISTRATION
2013 AUG 30 PM 1:01
FOR ADMISSION
TO ALABAMA
SUFFICIENCY OF FILING

FILED
13 AUG 30 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
8/30/13

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Focus on UX!, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Cari A. Wolfson
Name (Printed or typed)

2102 Merrifield Lane
Address

Tallahassee, FL 32311
City, State & Zip

850-228-9168
Daytime Telephone number

Cariwolfson@usabilityfocus.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Focus on UX!, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2102 Merrifield Lane
Tallahassee, FL 32311

Mailing address, if different is:

P.O. Box 13271
Tallahassee, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: providing consulting for digital
strategies, website, and mobile applications
including usability, user experience, and strategy
development.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cari A. Wolfson Name and Title: _____

Address: President Address: _____

2102 Merrifield Lane

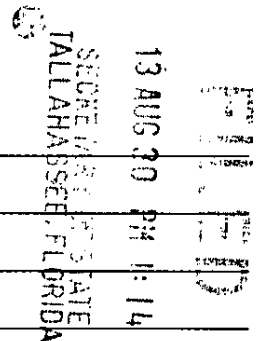
Tallahassee, FL 32311

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____



(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Cari A. Wolfson
Address: 2102 Merrifield Lane
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Cari A. Wolfson
Address: 2102 Merrifield Lane
Tallahassee, FL 32311

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Cari Ann Wolfson
Required Signature/Registered Agent

01/29/2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Cari Ann Wolfson
Required Signature/Incorporator

01/29/2013
Date

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TALLAHASSEE, FLORIDA