

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800) 221-2972 Fax Number : (888) 692-9256

**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 PROFIT/NON PROFIT CORPORATION **FOCUS POCUS INC**

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From:

11/04/2013 15:01 #757 P.002/004

850-617-6381

11/4/2013 11:55:13 AM PAGE 1/001 Fax Server



November 4, 2013

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: FOCUS POCUS INC

REF: W13000061044

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II FAX Aud. #: H13000242945 Letter Number: 313A00025581 From:

11/04/2013 15:01

#757 P.003/004

11/01/2013 10:21

17184497885

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

ARTICLE I NAM The name of the corporat	ton shall be: FOCUS POCUS IN	1C	
ARTICLE II PRI	NCIPAL OFFICE: Principal street address		s, if different is:
9270 MANCH	ESTER STREET	9270 MANCHE	STER STREET
SPRING HILL	, FL 34606	SPRING HILL	., FL 34606
			· · · · · · · · · · · · · · · · · ·
ARTICLE III PUR. The purpose for which to	POSE he corporation is organized is: ANY LA	WFUL PURPOSE	
	•		
			, Dec
			NOV ECRE
ARTICLE IV SHA	IRES 200 No Doc Volus		
The number of shares of	RES 200 No Par Value	<u> </u>	SE F
	TAL OFFICERS AND/OR DIRECTORS		AMIO:
Name and Title	Carl Roa - Director	Name and Title:	LON STA
Address	9270 Manchester Street	Address:	 Dri ∞ ▶
	Spring Hill, FL 34606		
			
Name and Title:		Name and Title:	
Address		Address:	
7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			•
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Name and Title		Name and Title:	
Address		Address:	
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11/01/2013 10:21 17184497885

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PAGE 03/03

		(ecsti.)
Nems	and Title:	Name and Title:
Addre		Addraes:
RAICLE VI s pame and	Florida street address (P.O. Box NOT acceptable	******
lamo;	Carl Roa	<u> </u>
Lddress:	9270 Manchester Street	
	Spring Hill, FL 34606	AHASSI
B4F1042-85-171	I INCORPORATOR	mc x
CTICIAS VI		F STATE, FLORID.
e pares and	<u>åddress</u> of the Incorporator is: Jack Cohen	
Name:	2340 86th Street	
Address		NAMES OF THE PARTY
	Brooklyn, New York 11241	Principle
iring been n r certificate,	Lain famillar with and accept the appointment as Orl Roo	cass for the above stated corporation at the place designated in registered agent and agroe to ass in this capacity 10/18/2013
	Required Signature/Registered Agent	Date
ekbenii this d cument to th	ocument and offices that the facts stated herein t e Department of State constitutes a third degree fo	are trus. I am aware that the false information submitted in a clony as provided for in 2.817.ISS, F.S.
		19/18/2013
	Required Bresilipte/Insurpacetor	Date
7	t	