PISOD	148203
(Requestor's Name) (Address) (Address)	000273287640
(City/State/Zip/Phone #)	000273287640 05/29/1501027002 **78.75
Special Instructions to Filing Officer:	FILED IS MAY 29 AM II: 12 MILLAASSEE STATE
	B' GITBERT SOIS JUN 1 2015

S. GILBERT

1 •		FLORIDA PROFIT BENEFIT CORPORATION	÷.	ı
	47 47	COVER LETTER		р . с
De	epartment of State			

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

Focused Mission Inc.

SUBJECT: _

(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

έ.

MyCorporation Business Services

FROM:

Name (Printed or typed)

23586 Calabasas Road Suite 102

Address

Calabasas, CA 91302

City, State & Zip

877-692-6772

Daytime Telephone number

processing@mycorporation.com

E-mail address: (to be used for future annual report notification)

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

MyCorporation*

23586 Calabasas Rd. Suite 102 Calabasas, CA 91302

Toll-Free: 888-692-6778 J Fax: 818-879-8005 Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Wednesday, May 27, 2015

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Focused Mission Inc.

Ladies and Gentlemen:

Please find enclosed for filing Articles of Incorporation for the above referenced company.

Enclosed is a check in the amount of \$78.75 for filing and for a certified copy.

Please return the certified copy to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Attn: Fulfillment Dept. 23586 Calabasas Rd., Suite 102 Calabasas, CA 91302

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE II PRINO</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is
725 Hallowell Cir Or	ando, FL 32828		N N
		<u> </u>	
The corporation elects t The purpose for which t	T STATEMENT AND BUSINESS o be a benefit corporation in accord he corporation is organized is to cr	lance with s. 607.603, F.S. eate a general public benef	fit and:
Mission Focused Tec	hnology Consulting & Engineeri	ng Services	
		····	
The general and/or spec follows (optional):	ific public benefit(s) to be created b	by the corporation (in addi	tion to its general purpose) is/are as
<u> </u>			
ARTICLE IV SHAR			
ARTICLE IV SHAR The number of shares of			
The number of shares of	stock is:		<u>BENEFIT OFFICER (if Applicable)</u> David Craig, S
The number of shares of <u>ARTICLE V INITIA</u> Name and Title	stock is:	Name and Title	David Crain S
The number of shares of	stock is:		David Craig, S
The number of shares of <u>ARTICLE V INITIA</u> Name and Title	stock is:	Name and Title	David Craig, S 2524 South Tanner Road
The number of shares of <u>ARTICLE V INITIA</u> Name and Title	stock is: <i>LOFFICERS, DIRECTORS, BE!</i> Joseph Sheppard, DP 725 Hallowell Cir Orlando, FL 32828	Name and Title	David Craig, S 2524 South Tanner Road
The number of shares of <u>ARTICLE V INITIA</u> Name and Title Address Name and Title:	stock is: <i>LOFFICERS, DIRECTORS, BE!</i> Joseph Sheppard, DP 725 Hallowell Cir Orlando, FL 32828 Yamile Sheppard, T	Name and Title Address:	David Craig, S 2524 South Tanner Road
The number of shares of ARTICLE V INITIA Name and Title Address	stock is: Joseph Sheppard, DP 725 Hallowell Cir Orlando, FL 32828 Yamile Sheppard, T 725 Hallowell Cir	Name and Title Address:	David Craig, S 2524 South Tanner Road Orlando, FL 32820

If applicable, BENEFIT DIRECTOR: If applicable, BENEFIT OFFICER: Name :		and Title:	Name and Title:
Name :	, Addro	ess	Address:
Name :			
Address	If appl	icable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:
RTICLE VI_REGISTERED AGENT te name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ame: Legalinc Corporate Services Inc. ame: 5237 Summerlin Commons Suite 400 ddress: 5237 Summerlin Commons Suite 400 RTICLE VII INCORPORATOR Fort Myers, FL 33907 RTICLE VII INCORPORATOR Re name and address of the Incorporator is: Name: Carri Brown Address: 23586 Calabasas Road Suite 102 Calabasas, CA 91302 Calabasas, CA 91302 RTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY: event hamed as registered agent to accept service of process for the above stated corporation at the place designal servitiance, Fami familiar with and accept the appointment as registered agent and agree to act in this capacity WIMP 05/27/2015 WIMP Date ubmit fills document and affirm that the facts stated herein are true. I am aware that the false information submittee current in the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name		Name:
the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ame: Legaline Corporate Services Inc. 5237 Summerlin Commons Suite 400 ddress: Fort Myers, FL 33907 RTICLE VII INCORPORATOR the name and address of the Incorporator is: Name: Carri Brown Address: 23586 Calabasas Road Suite 102 Calabasas, CA 91302 RTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY: RTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY: Calabasas, CA 91302 RTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY: Corrigibeen named as registered agent to accept service of process for the above stated corporation at the place designal s cortificate, Fam familier with and accept the appointment as registered agent and agree to act in this capacity MMMM 05/27/2015 Required Signature/Registered Agent about this document and affirm that the facts stated herein are true. I am aware that the false information submitted cument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Addre	255	Address:
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