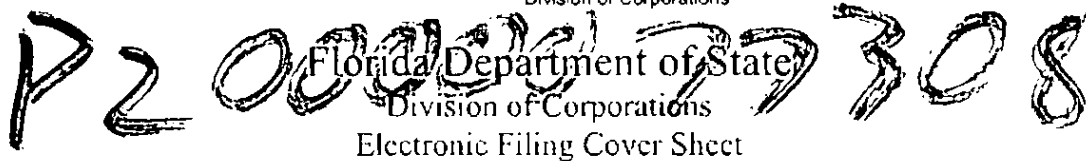


10/2/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****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

TT Focus, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2020 OCT -2 PM 2:36

Electronic Filing Menu

Corporate Filing Menu

Help

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: TT Focus, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

5270 Echo Ln

5270 Echo Ln

Sarasota, FL 34233

Sarasota, FL 34233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pavel Titov, President

Name and Title: _____

Address

5270 Echo Ln

Address: _____

Sarasota, FL 34233

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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

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

Name:	Vcorp Services, LLC
Address:	5011 South State Road 7, Suite 106
	Davie, FL 33314

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name:	Racasa Ibrahim
Address:	25 Robert Pitt Drive, Suite 204
	Monsey, NY 10952


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

	04/27/2020
_____ Required Signature/Registered Agent	_____ 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.

	04/27/2020
_____ Required Signature/Incorporator	_____ Date