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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : ARMANDO TAXES LLC
Account Number : I20200000170
Phone : (305)803-4427
Fax Number : (305)402-6230

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

Email Address: armando@armandotaxes.com

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March 29, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

ARMANDO TAXES LLC

SUBJECT: FOCUS GROUP OF AMERICA CORP

REF: W23000042269

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COVER LETTER

H23000118699

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

SUBJECT: FOCUS GROUP OF AMERICA CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

X \$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

□ \$87.50

Filing Fee & Certified Copy Filing Fee. Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

M:	ARMANDO TAXES LLC	
_	Name (Printed or typed)	2023
	5721 NW 112TH AVE APT 108	MAR LLA
_	Address	A 25
	DORAL, FL 33178	Y OF SSEE
_	City, State & Zip	FE STA
	305-803-4427	JE 31
_	Daytime Telephone number	

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

ARMANDO@ARMANDOTAXES.COM

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)

H23000 F18699

ricieu bonyo	ID OF AFRICE				
<u>FIÇLE II — PRINC</u>	Principal <u>street</u> address	;	Mailing address, it different is:		
21 NW 75th ST	· 	7321 N	7321 NW 75th ST		
edley, FL 33166		Medle	y, FL 33166		
FICLE III PURPO purpose for which th	ISE se corporation is organized is: ALL AN	ND ANY LAWFUL	BUSINESS	****	
TCLE IV SHARE	<u></u>		. 200		
number of shares of s	tock is: 100		2023 HAR	-	
eren e angera	t aveemede annaad midezerade		AR 2	-	
	<u>LOFFICERS AND/OR DIRECTORS</u>				
	ILIAN TODIRIO DESIDENT	N. Labora	<u>~</u> ~ ⊙	ne ⁵	
Name and Title		Name and Title:	HAROLD A. GARCIÁ MELENI	i DE 1	
Name and Title		Name and Title: Address:	HAROLD A. GARCIA MELENI	i DE	
			HAROLD A. GARCIA MELENI	į DEį	
Address	7321 NW 75TH ST Medley, FL 33166	Address:	HAROLD A. GARCIÀ MELENI 8125 NW 33 ST	[
	7321 NW 75TH ST Medley, FL 33166	Address:	HAROLD A. GARCIÀ MELENI 8125 NW 33 ST	[
Address	7321 NW 75TH ST Medley, FL 33166	Address: Name and Title:	HAROLD A. GARCIÀ MELENI 8125 NW 33 ST	[
Address Name and Title:	7321 NW 75TH ST Medley, FL 33166	Address: Name and Title: Address:	HAROLD A. GARCIÀ MELENI 8125 NW 33 ST		
Address Name and Title: Address	7321 NW 75TH ST Medley, FL 33166	Address: Name and Title: Address:	HAROLD A. GARCIÀ MELENI 8125 NW 33 STU CO Doral, FL 33168		
Address Name and Title: Address Name and Title:	7321 NW 75TH ST Medley, FL 33166	Address: Name and Title: Address: Name and Title: Name and Title:	HAROLD A. GARCIÀ MELENI 8125 NW 33 STU CO Doral, FL 33168		
Address Name and Title: Address	7321 NW 75TH ST Medley, FL 33166	Address: Name and Title: Address: Name and Title: Name and Title:	HAROLD A. GARCIÀ MELENI 8125 NW 33 STU CO Doral, FL 33168		

			1123000118699
Name an	d Title:	Name and Title:	
Address		_ Address:	
			
The name and FI	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	HAROLD A. GARCIA MELENDEZ	_	
Address:	8125 NW 33 ST	_	
	Doral, FL 33166	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	Idress of the incorporator is:		
Name:	Juan Toribio	_	
Address:	7321 NW 75TH ST	<u> </u>	
	Medley, FL 33166	_	
L'Westive date if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	्रे' छ ा ⊒र पान
(If an effective d	late is listed, the date must be specific and can	not be more than five days prior	or 90 days after the
filing.)			29. T
Note: If the date	inserted in this block does not meet the applicab effective date on the Department of State's record	le statutory filing requirements, thi s.	thate will not be listed as
			$-\frac{1}{10} \circ - \square$
Having been nan	ned as registered agent to accept service of process familiar with and accept the appointment as regist	for the above stated corporation at ered agent and agree to act in this (thể phyốc desjynated in this capachy!
£2.19.00.00,	Harold Garca		03/27/2023
	Required Signature/Registered Agent	-	Date
I submit this document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree felo	re true. I am aware that the false my av provided for in s.817.155, F.	information submitted in 4 S.
			03/27/2023
Required Signatu	ire/Incorporator	Date	
Vedanca piPuare			