

P2400000 2159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

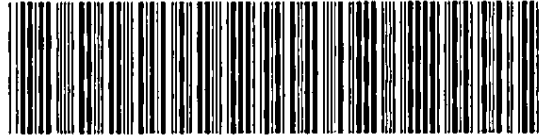
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 JAN -5 PM 2:55

TALLAHASSEE, FLORIDA

RECEIVED

2024 JAN -5 PM 2:48

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO: Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Moreau
850.656.7953

REQUEST DATE: 1/5/2024

PRIORITY: Regular Approval

OUR REF.# (Order ID#): 1218095

ORDER ENTITY:
CALIBERFOCUS INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

CALIBERFOCUS INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: CALIBERFOCUS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14930 FELS LN, ORLANDO, FL 32827

14930 FELS LN, ORLANDO, FL 32827

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

SOFTWARE DEVELOPMENT FOR THE HEALTHCARE INDUSTRY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN BRITTO MARIYAN P/D Name and Title: _____

Address 14930 FELS LN Address: _____

ORLANDO, FL 32827 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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NOTARIAL SEAL

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: INCORPORATING SERVICES, LTD.

Address: 1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

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

Name: HSIN-HUI GORDON

Address: 98 CUTTERMILL RD, STE 466
GREAT NECK, NY 11021

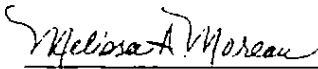
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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



Required Signature/Registered Agent

1/4/2024

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.

HSIN-HUI GORDON

Required Signature/Incorporator

1/4/2024

Date