

P960000097269

Michele Hirsch  
1541 S.W. Apricot Rd.  
Port St. Lucie, FL 34953

Address

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

300002006113--8  
-11/15/96--01079--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**FILED**  
96 DEC -3 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEC - 3, 1996  
W96-24491



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

November 19, 1996

MICHELE HIRSCH  
1541 S.W. APRICOT ROAD  
PORT ST. LUCIE, FL 34953

SUBJECT: FOCAL PLANE, INC.  
Ref. Number: W96000024491

We have received your document for FOCAL PLANE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

see ninth

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

see ninth

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 (904) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 296A00052646

**CERTIFICATE OF INCORPORATION  
OF**

Focal Plane, Inc.

**FILED**

**96 DEC -3 PH 3:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

**FIRST  
IDENTIFICATION**

The name of the corporation, hereinafter referred to as the "Corporation," is Focal Plane, Inc.

**SECOND  
PERIOD OF EXISTENCE**

The period during which the corporation shall continue is perpetual.

**THIRD  
REGISTERED OFFICE AND REGISTERED AGENT**

1541 S.W. Apricot Rd.

The address of the initial registered office of the Corporation is Port St. Lucie, FL 34953  
and the name and address (if different) of the initial registered agent therein and in charge thereof, upon whom process against the

Corporation may be served, is Michele Hirsch

**FOURTH  
PURPOSE**

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida

**FIFTH  
SHARES**

The total authorized capital stock of the Corporation is One Hundred shares having a

Par Value of One Hundred Dollars. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

**SIXTH  
INCORPORATOR'S ADDRESS**

The name and post office address of the Incorporator of the Corporation is as follows:

Michele Hirsch

1541 S.W. Apricot Rd.

Port St. Lucie, FL 34953

SEVENTH  
DIRECTORS

The powers of the incorporator are to terminate upon the filing of this Certificate of Incorporation and the name(s) and mailing addresses of persons who are to serve as director(s) until the first meeting of stockholders or until their successors are elected and qualify are as follows:

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TALLAHASSEE, FLORIDA

EIGHTH  
INDEMNITY

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (3) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director derived an improper personal benefit.

The effective date of this Certificate of Incorporation shall be November 26, 1996

IN WITNESS WHEREOF, the undersigned Incorporator has caused this Certificate of Incorporation to be executed as of

November 26, 1996

Michele Lee Hirsch  
(Incorporator)

Ninth  
Office & Acceptance

The corporation's principal office and mailing address is

1541 S.W. Apricot Rd.  
Port St. Lucie, FL 34953

I, Michele Hirsch, hereby am familiar with and accept the duties and responsibilities as registered agent for Focal Plane, Inc.

Michele Lee Hirsch  
(Registered Agent)