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## **COVER LETTER**

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

SUBJECT: Dat	aFocuz Inc.		
56555C11	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	DPY REQUIRED
FROM: S	andhya Kakani		
	Nam	e (Printed or typed)	· · · · · ·
30	04 Reading Cir		
		Address	
L	ANSDALE, PA	19446	
<del></del>	City	State & Zip	
2	156452353		
	Daytime 1	Telephone number	<del></del>

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

Skakani@live.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	E OataFocuz Inc.		
		Mailing addro 304 Reading LANSDALE	
activities or busi	POSE ne corporation is organized is: ness permitted under the laws untry, territory or nation particul	of the United States,	the state of Florida,
	RES stock is: TAL OFFICERS AND/OR DIRECTOR Sandhya Kakani, Director		13 MAR II PM 3: 28  SELELIARY OF STATE ALLAHASSEE, FLORIDA
Address	304 Reading Cir LANSDALE PA 19446	Address:	
Name and Title:			
Name and Title:			

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Fl Name:	<u>REGISTERED AGENT</u> Orida street address (P.O. Box NOT acceptable) of Pravin Janardanam	of the registered agent is:	ومغمر
Address:	11130 Bugenhagen Dr.		а 2,
71001000	Orlando, FL-32832		- (
ARTICLE VII	INCORPORATOR	3: 28	T.
The name and ad	dress of the Incorporator is:	,₽>	
Name:	Sandhya Kakani	_	
Address:	304 Reading Cir		
	Lansdale, PA 19446		
	ned as registered agent to accept service of process  gw-familiar with and accept the appointment as reg  Required Signature/Registered Agent	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity  3/7/2013	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are Departmept of State constitutes a third degree felon	true. I am aware that the false information submitted in a now as provided for in s.817.155. F.S.	
da	Required signature/sacorporator	3/7/2013 Date	
	$\circ$		