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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : SORSHER & ASSOCIATES, LLC.  
Account Number : I20170000056  
Phone : (954)842-2931  
Fax Number : (954)842-2936

\*\*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  
VISUAL FRAME, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

J. FASON

FEB 16 2021

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2021 FEB 15 AM 9:07



**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: VISUAL FRAME, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6303 BLUE LAGOON DRIVE, STE 400  
MIAMI, FL 33126

6303 BLUE LAGOON DRIVE, STE 400  
MIAMI, FL 33126

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DMITRIEV, DENIS - P Name and Title: \_\_\_\_\_

Address 6303 BLUE LAGOON DRIVE, STE 400 Address: \_\_\_\_\_  
MIAMI, FL 33126

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: DMITRIEV, DENIS

Address: 6303 BLUE LAGOON DRIVE, STE 400  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DMITRIEV, DENIS

Address: 6303 BLUE LAGOON DRIVE, STE 400  
MIAMI, FL 33126

**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*

<u>Denis Dmitriev</u>	<u>02/12/2021</u>
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.*

<u>Denis Dmitriev</u>	<u>02/12/2021</u>
Required Signature/Incorporator	Date

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