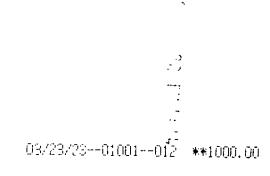
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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Busiliess Littly Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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S. F.P.: LIN MAR 2 3 2023



Please use fuds from this account: 120210000160: Amount: \$ 1000.00 Authorization Signature: VISION OPPORTUNITY FUND LP Business Document Certified Copy of Articles of IncorporationCertificate of Status NEW FILINGS AMMENDMENTS Profit CorpNot for ProfitLimited LiabilityDomesticationOtherCORPTCORPX_ LP	FLORIDA CAPITAL COURIER SERVICE 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	ES, INC
	Authorization Signature:	
Certificate of Status NEW FILINGS Profit CorpNot for ProfitImited Liability DomesticationOtherCORPCORP	Business	Document
NEW FILINGS Profit Corp Not for Profit Limited Liability Domestication Other CORP X_LP Amendment Resignation of R.A. Officer/Director Change of Registered Agent or office Dissolution Merger Conversion Amended and restated Articles Revocation of Dissolution OTHER FILINGS REGISTERATION/QUALIFICATIONS Annual Report Fictitious Name APOSTILLE Other	Certified Copy of Articles of Incor	poration
	Certificate of Status	
Not for Profit Limited Liability Change of Registered Agent or office Dissolution Other CORP TYLP Merger Conversion Annual Report Fictitious Name APOSTILLE Change of Registered Agent or office Dissolution Agency Annual Resort Foreign filing Limited Partnership Reinstatement Other Other	NEW FILINGS	<u>AMMENDMENTS</u>
	Not for Profit	Resignation of R.A. Officer/Director
Annual Report Annual Report Fictitious Name APOSTILLE Other	Other CORP	Dissolution Merger Conversion Amended and restated Articles
Limited PartnershipFictitious NameReinstatementAPOSTILLEOther	OTHER FILINGS	
APOSTILLEOther	Annual Report	Foreign filing Limited Partnership
	Fictitious Name	
		Other

EXAMINIER'S INITIALS:____

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VISION OPPORTUNITY FUND) LP
Name of Florida Limite	ed Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Parts	nership and fees are submitted for filing.
Please return all correspondence concern	ning this matter to:
Ye Zhang	
Contact Person	
Firm/Company	
12905 SW 42nd St Unit 222	
Address	
Miami, FL 33175	
City, State and Zip Code	
confirmation@ivy-cpa.com	al annual masification)
E-mail address: (to be used for future annu-	ai report nonneation)
For further information concerning this r	matter, please call:
Ye Zhang	at (305)3100315
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following am	nount:
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing I and Certificate of Status	Fees \$1,052.50 Filing Fees \$1,061.25 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E030 (6/17)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

VISION OPPORTUNITY FUND LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. 2.__ 12905 SW 42nd St Unit 222, Miami, FL 33175 (Street address of initial designated office) 3. Ye Zhang (Name of Registered Agent for Service of Process) 12905 SW 42nd St Unit 222, Miami, FL 33175 (Florida street address for Registered Agent) 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 6.___ 12905 SW 42nd St Unit 222, Miami, FL 33175 (Mailing address of initial designated office)

Page 1 of 2

Name: <u>Business Address:</u>				
ZFOUNDER ORGANIZATION INC	12905 SW 42nd St	Unit 222, Miami, FL 33175		
BRIGHT FUTURE PROJECT INC	12905 SW 42nd St	Unit 222, Miami, FL 33175		
			· 	
9. Effective date, if other than t	the date of filing:		~	
(Effective date cannot be prior the Florida Department of State Note: If the date inserted in this this date will not be listed as the	e.) s block does not meet the app	licable statutory filing r	equiremen	
	day of March	2023	- · · · · · · · · · · · · · · · · · · ·	
Signature of each general partnherein are true. I/We am/are aw Department of State constitutes	er: I/We submit this document rare that any false information a third degree felony as prov	submitted in a docume	ent to the	
Filing Fees: Certified Copy (optional): Certificate of Status (optional)	\$52.50	ee and \$35 Registered Agent	Fec)	

Page 2 of 2