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PICK-UP WAIT MAIL							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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to Thelia

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Vision Marketing Solutions Corp.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Christopher Polke
Name of Person
Vision Marketing Solutions Corp.
Firm/Company
51 Atlantic Ave.
Address
Floral Park N.Y 11001
City/State and Zip code
polkeny1@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
7 📈
Christopher Polke Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\text{Certificate of Status}\$ \$78.75 Filing Fee & Certified Copy \$887.50 Filing Fee, Certified Copy



12 JUL -5 AH 10: 31

June 11, 2012

CHRISTOPHER POLKE 51 ATLANTIC AVENUE FLORAL PARK, NY 11001

SUBJECT: VISION MARKETING SOLUTIONS CORP.

Ref. Number: W12000031638

We have received your document for VISION MARKETING SOLUTIONS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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 (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 812A00016383

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2012

CHRISTOPHER POLKE 51 ATLANTIC AVENUE FLORAL PARK, NY 11001

SUBJECT: VISION MARKETING SOLUTIONS CORP.

Ref. Number: W12000031638

We have received your document for VISION MARKETING SOLUTIONS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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 (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 512A00017245

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. <u>Vis</u>	sion Marketi	ing Solutions Corp				_
		orporation; must include "INCORPORATI	ED,	" "COMPANY," "CORPORATION,"		
inc	., "Co., "Co	orp," "Inc," "Co," or "Corp.")				
\ /N/	1S Sales C	'orn				
			ıme	adopted for the purpose of transacting business in F	lorida)	-
		·			ioi ida j	
	rth Carolina		3.	27-0173084		_
	-	under the law of which it is incorporated)		(FEI number, if applicable)		
4. <u>05/</u>	/12/2009		5.	Perpetual		
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpe	tual")	
6. N/A	Д					_
				n Florida, if prior to registration)		_
		(SEE SECTIONS 607,1501 & 60	7,1;	502, F.S., to determine penalty liability)		
7. <u>37</u>	19 Latrob	be Dr. Charlotte NC 28211				_
		(Principal office	add	ress)		
25	New brid	dge RD Suite 202 Hicksvi	lle	N.Y 11819		
		(Current mailing	add	ress)		-•
8. <u>Dir</u>	ect Mark	keting				-3
	(Purpose(s)	of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	12	38
9 Nar	me and street	t address of Florida registered agent: (Р.С). Box NOT acceptable)		
7. Mai.	ne ana <u>street</u>				1	ســــــــــــــــــــــــــــــــــــ
	Name:	Northwest Registered Agen	t,	<u>LLC</u>	S	-84
Office	Address:	3030 N. Rocky Point Dr. STE	: 1	50A	P	RPG
_					f:	野に
	t.	Tampa		, Florida 33607	6	3
		(City)		(Zip code)		35

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Dan Keen-Manager
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: SECKLIAPY OF STATE A. DIRECTORS **Chairman: Christopher Polke** 12 JUL -5 PM 4: 16 Address: 1063 Shelbourne Dr. Franklin Sq. N.Y. 11010 Vice Chairman: Address: Director: Address: **B. OFFICERS** President: _____ Vice President: Address: Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. Christopher Polke (Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

VISION MARKETING SOLUTIONS CORP.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of May, 2009, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of June, 2012.

Elaine J. Marshall

Secretary of State

Certification# 92958318-1 Reference# 11090378- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification