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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJ	ECT: Visionary Investments Inc.		
	Name of corporation - must	include suffix	
Dear S	Sir or Madam:		
"Certif	nclosed "Application by Foreign Corporation for Author ficate of Existence," or "Certificate of Good Standing" a referenced foreign corporation to transact business in Fl	and check are submitted to register the	
Please	return all correspondence concerning this matter to the	following:	
Lync	da Smith		
	Name of Person		
Visi	onary Investments Inc.		
	Firm/Company		
197	0 E. Osceola Parkway Ste. 16	·	
	Address		
Kiss	immee, FL. 34743		
	City/State and Zip	code	
Visio	naryInvestments@mail.com		
	E-mail address: (to be used for futu	re annual report notification)	
For fu	rther information concerning this matter, please call:		
Lynda Smith at (407) 486-0708			
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	
Enclos	sed is a check for the following amount:		
✓ \\$		5 Filing Fee & \$\ \text{S87.50 Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \end{array}	



May 20, 2013

LYNDA SMITH 1970 E. OSCEOLA PRAKWAY STE. 16 KISSIMMEE, FL 34743

SUBJECT: PROJECT HOPE Ref. Number: W13000029417

We have received your document for PROJECT HOPE and your check(s) totaling \$70.00. 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.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The person listed on line 13 and 14 of the application has to also be liste on line 12.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 413A00012594

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.

Visionary Investments, Inc.					
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
A Second Chance Investments, Inc.					
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
2. Nevada 3. 80-0896525					
(State or country under the law of which it is incorporated) (FEI number, if applical	ole)				
4. January 30, 2013 5. perpetual					
(Date of incorporation) (Duration: Year corp. will cease to exi	st or "perpetual")				
6. Upon qualification	NAIO S				
(Date first transacted business in Florida, if prior to registration)	ECRE SION (AUG				
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	G I 2				
7. 1970 E. Osceola Parkway Ste. 16, Kissimmee, FL. 34743					
(Principal office address)	그 집에				
1970 E. Osceola Parkway Ste. 16, Kissimmee, FL. 34743	OF STATE				
(Current mailing address)	16				
Disastra di salara di salara di					
8. Business development					
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)					
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					
Name: Lynda Smith					
Office Address: 1970 E. Osceola Parkway Ste. 16					
Kissimmee , Florida 30004					
(City) (Zip code)					
10. Designand agently agentance					
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated co	rporation at the plac				

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.

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:

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SECRETARY No	STATE
IVISION OF CORP	ORATIÖN

A. DIRECTORS

Chairman:	2019 AUG 12 AM 19: 16
Address:	
Vice Chairman:	
Address:	
Director: Lynda Smith	
4070 E OI- Dimer Ote 40	
Kissimmee, FL 34743	
Director:	
Address:	
B. OFFICERS	
President: Roberto Smith	
Address: 1970 Osceola Parkway ste. 16	
Kissimmee, FL. 34743	
Vice President:	
Address:	
Secretary: Roberto Smith	
Address: 1970 Osceola Parkway Ste. 16, Kissimmee, FL. 34743	
Treasurer: Roberto Smith	
Address: 1970 Osceola Parkway Ste. Kissimmee, FL. 34743	
NOTE: If necessary, you may attach an addendum to the application listing additional and additional additional additional and additional a	al officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to third degree felony as provided for in s.817.155, F.S.	affirms that the facts stated herein the Department of State constitutes a
14. Lynda Smith, Executive Director (Typed or printed name and capacity of person signing applied)	eation)
(1) year of printed traine and capacity of person signing applied	accourt the same of the same o

SECRETARY OF STATE CRETARY

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, VISIONARY INVESTMENTS, INC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 30, 2013, and is in good standing in this state.

GEAL OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 26, 2013.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20130726-2643
You may verify this electronic certificate
online at http://www.nvsos.gov/