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(City/State/Zip/Phone #)

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SEP 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISONTECH SYSTEMS INC.
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:

JOEL FIELDS

Name of Person

Firm/Company

2645 EXECUTIVE PARK DR STE 359

Address

WESTON, FL 33331

City/State and Zip code

corpjoelfields@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL FIELDS

305

796-7183

Name of Person

at (Area Code)

Daytime Telephone Number

STREET/COURIER 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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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.*

VISONTECH SYSTEMS INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. HAWAII 3. 84-1735702
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/9/2017 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2645 EXECUTIVE PARK DR STE 359 WESTON, FL 33331
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

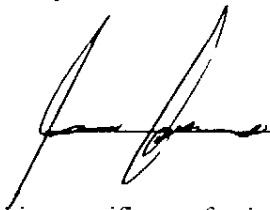
Name: JOEL FIELDS

Office Address: 2645 EXECUTIVE PARK DR STE 359

WESTON, Florida 33331
(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: JOEL FIELDS

Address: 2645 EXECUTIVE PARK DR STE 359 WESTON, FL 33331

Director: TIFFANY FIELDS

Address: 2645 EXECUTIVE PARK DR STE 359 WESTON, FL 33331

B. OFFICERS

President: JOEL FIELDS

Address: 2645 EXECUTIVE PARK DR STE 359 WESTON, FL 33331

Vice President: TIFFANY FIELDS

Address: 2645 EXECUTIVE PARK DR STE 359 WESTON, FL 33331

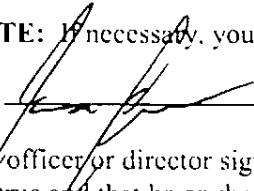
Secretary: _____

Address: _____

Treasurer: JOEL FIELDS

Address: 2645 EXECUTIVE PARK DR STE 359 WESTON, FL 33331

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

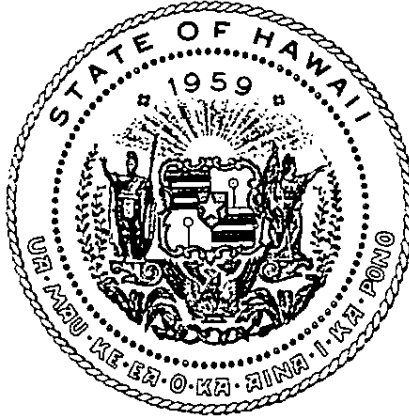
12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. JOEL FIELDS PRESIDENT

(Typed or printed name and capacity of person signing application)

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Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

VISONTECH SYSTEMS INC.

was incorporated under the laws of Hawaii on 10/09/2017 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 11, 2019

Director of Commerce and Consumer Affairs