F23000006358

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer
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W23000141909

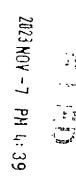
Office Use Only



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RECEIVED





October 16, 2023

ISAAC MIREKU 111 BROADWAY, SUITE 800 NEW YORK, NY 10006 US

SUBJECT: VISIONARYZ INC. Ref. Number: W23000141909

We have received your document for VISIONARYZ INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Andrea Andrews Regulatory Specialist II

Letter Number: 223A00024000

RECEIVED

COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	Visionaryz Inc.			
	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to to	of Good Stan	ding" and check are sub	et Business in Florida," mitted to register the
Please return a	all correspondence concerni	ng this matter	to the following:	
Isaac Mireku				
		Name of 1	Person	
Visionaryz Inc.				
,		Firm/Com	pany	
111 Broadway,	Suite 800			
		Addre	288	
New York, NY	10006			
		City/State ar	nd Zip code	
Management@	Visionaryz.com			
	E-mail address	: (to be used f	or future annual report n	otification)
For further inf	ormation concerning this m	atter, please c	all:	
lsaac Mireku		917 at (300-9539	
Name	e of Person	Area Code	Daytime Telepl	none Number
Regist Divisi The C 2415 I	CET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 passee, FL 32303		MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	check for the following amorek payable to: FLORIDA DE ng Fee	EPARTMENT g Fee & ==	OF STATE I \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New York Shew York (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. It Broadway, Suite 800. New York, NY 10006 (Principal office street address) (Current mailting address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Ine Office Address: St. Petersburg (City) Florida 33702 Florida 33702 Plant 44 (City) P. 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.	1. Visionaryz Inc. (Enter name of c	corporation; must include "INCORPORATED." Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION.	 .		-
2. New York (State or country under the law of which it is incorporated) 4. 9/1/2016 (Date of incorporation) (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. 111 Broadway, Suite 800, New York, NY 10006 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Registered Agents Inc 7001 4th St N. STE 300 St. Petersburg (City) 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.	(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in F	lorida)	
4. 9/1/2016 (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address. if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City) St. Petersburg (City) 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	Nam Vach		. 276274		,	
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. III Broadway, Suite 800, New York, NY 10006 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc 7901 4th St N. STE 300 St. Petersburg St. Petersburg Florida (City) 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.	4 9/1/2016					
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7	6					
7. (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc Office Address: St. Petersburg (City) (City) 7901 4th St N, STE 300 Florida 33702 (City) 7901 4th St N, STE 300 Florida 33702 (City) 7901 4th St N, STE 300 Florida 43702 (City) 7901 4th St N, STE 300 Florida 43702 (City) 7901 4th St N, STE 300 Florida 43702 (City) 7901 4th St N, STE 300 Florida 43702 Florida 53702 Flo						•
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc	/	The state of the s	street address)			
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc						
Office Address: St. Petersburg Florida 33702		(Current mailing	address, if different)			
Office Address: St. Petersburg Florida 33702	V. Manna and atea.	et uddesag of Elevido marietar el cuente (D.O.)	D NOT		2	
Office Address: St. Petersburg Florida 33702	o. Name and sites		Box <u>NOT</u> acceptable)		023	
Office Address: St. Petersburg Florida 33702	Name:	vegistera Vērus iie	<u> </u>		VOV	1
(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	Office Address:	7901 4th St N, STE 300			-7	,
(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		St. Petersburg	Florida 33702	,		4 \$
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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	9. Registered ag	ent's accentance:			ယ	
David Oberts (Registered audat & signature)	Having been nam designated in this further agree to c	ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives and accept the obligations of my positions.	nt as registered agent and agree utive to the proper and complete ion as registered agent.	to act in thi	is capac	city. 1
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to		(Registered agents sign	ature)			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Isaac Mireku Name: ■Chairman □ Chairman Name: ____ Address: _____ NY 10006 □Vice Chairman □ Vice Chairman Address: □Director □ Director Isaac Mireku ■ President □President □Vice President □Vice President ☐ Secretary □Treasurer □Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President □ President ☐ Vice President □ Vice President Secretary ☐ Treasurer □ Secretary ☐ Treasurer ☐Other _____ □Other _____ □Other____ □Other _____ □Chairman Name: _____ □ Chairman Name: □Vice Chairman Address; ______ □Vice Chairman Address: □Director □ Director President President □Vice President _____ □ Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer □Other ___ □ Other _____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals/may be added to the index when filing your Florida Department of State Annual Report form. 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.

🔒 Isaac Mireku / President

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.

(Enter name of	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,	•••	_	-
"Inc.," "Co.," "(Corp." "Inc." "Co." or "Corp.")				
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in	ı Florida))
Naw York		81-3753761			
(State or count	ry under the law of which it is incorporated) 3.	81-3753761 (FEI number, if app	licable)		_
4					
(Date	c of incorporation) 5.	(Date of duration, if other th	an perpetu	al)	_
6					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	·\		
7 111 Broadway, S	Suite 800, New York, NY 10006		,		
·	(Principal offic	e street address)			-
	(Current mailing	address, if different)			
				2ôź	-
3. Name and stre	et address of Florida registered agent: (P.O.			2023 NO	• ;•• <u>•</u>
8. Name and <u>stre</u> Name:			<u>.</u>	2823 NOV -	4 (
Name:	et address of Florida registered agent: (P.O.			-7	r diff
Name:	et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N, STE 300	Box <u>NOT</u> acceptable)		2023 NOV -7 PH	1 (1) 4 (1) 1 (1) 2 (1) 2 (1)
	et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N, STE 300	Box <u>NOT</u> acceptable)		-7 PH 4:	
Name: Office Address:	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City)			-7	
Name: Office Address: 9. Registered ag	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City) ent's acceptance:	Box NOT acceptable) Florida 33702(Zip code)	· · ·	-7 PH 4:39	nlana.
Name: Office Address: Registered ag Having been nan designated in this	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) , Florida 33702, Florida (Zip code) e of process for the above stated cent as registered agent and agree	to act in .	-7 PH 4: 39	icity. I
Name: Office Address: O. Registered ag Having been nan designated in this further agree to c	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re-	Box NOT acceptable) Florida 33702 (Zip code) e of process for the above stated cent as registered agent and agree lative to the proper and complete.	to act in .	-7 PH 4: 39	icity. I
Name: Office Address: O. Registered ag Having been nan designated in this further agree to c	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) Florida 33702 (Zip code) e of process for the above stated cent as registered agent and agree lative to the proper and complete.	to act in .	-7 PH 4: 39	icity. I
Name: Office Address: O. Registered ag Having been nan designated in this further agree to c	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re-	Box NOT acceptable) Florida 33702 (Zip code) e of process for the above stated cent as registered agent and agree lative to the proper and complete.	to act in .	-7 PH 4: 39	icity. I

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS				
■ Chairman	Name: Isaac Mireku	□Chai r man	Name:	·
□Vice Chairman	Address: 111 Broadway 800,NY NY 10006	□Vice Chairman	Address:	
□Director		□ Director		
■ President	Isaac Mireku	□President		
□ Vice President		□Vice President		
☐ Secretary	Treasurer	□ Secretary		□Treasurer
Other	Other	Other		□Other
□Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman		
Director		Director		
□President		□President		
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	Other	Other		Other
		•		
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□ Director		
□President		□President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		Other
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The attached to the index when filing your Florida Department Signature of Director	nent of State Annual Re	I for reporting port form.	purposes only. Non-indexed

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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

VISIONARYZ INC.

DOS ID Number:

5002659

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

09/01/2016

Statement Status:

CURRENT

Statement Due Date:

09/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State. at the City of Albany, on October 26, 2023 at 03:45 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100004556083 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov