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COVER LETTER

	ntion Section n of Corporations			
SUBJECT: V	isionary Brands, Inc.			
	Name	of corporation	- must include suffix	-
Dear Sir or Mad	am:			
"Certificate of E	Application by Foreign Co existence," or "Certificate d foreign corporation to t	of Good Stan	ding" and check are sub	
Please return all	correspondence concern	ing this matter	to the following:	
Jake Rubinstein				
		Name of 1	Person	_
Cohen Schneider	Law, P.C.			
		Firm/Com	pany	
275 Madison Ave	enue, 32nd Floor			
		Addre	ss	
New York, NY 10	0016			
		City/State ar	nd Zip code	
jrubinstein@cohe	nschneider.com			
	E-mail address	s: (to be used f	or future annual report r	notification)
For further infor	mation concerning this n	natter, please c	all:	
Jake Rubinstein 212		Daytime Telephone Number		
Name o	of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
	eck for the following amo k payable to: FLORIDA D Fee	EPARTMENT ag Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filling 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.

New York	able in Florida, enter alternate corporate name ad		
March 1, 2007	y under the law of which it is incorporated) 5.		
(Date	of incorporation)	(Date of duration, if other than p	erpetual)
000 N. D.	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
020 N. Bayshor	e Drive, Suite 1609, Miami, Florida 33137	e <u>street</u> address)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· <u></u> ···-·	
	(Current mailing	address, if different)	
	<u>et address</u> of Florida registered agent: (P.O. Randy Schneider	Box NOT acceptable)	Zuźy SS
Name:	t address of Florida registered agent: (P.O. Randy Schneider 2020 N. Bayshore Drive, Suite 1609	Box <u>NOT</u> acceptable)	2024 55 2 24
Name:	Randy Schneider 2020 N. Bayshore Drive, Suite 1609		
	Randy Schneider 2020 N. Bayshore Drive, Suite 1609	Box NOT acceptable) Florida 33137 (Zip code)	2024 SSP 24 FTT U: 10

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.

A. DIRECTORS Randy Schneider □ Chairman Name: □Chairman 2020 N. Bayshore Drive □ Vice Chairman Address: Address: □ Vice Chairman Suite 1609 ■ Director □Director Miami, Florida 33137 ■ President □ President □ Vice President □Vice President □ Secretary ☐Treasurer ☐ Secretary ☐Treasurer CEO Cher_ □Other ____ □Other ____ □Other _____ Name: _____ □Chairman Name: _____ ☐ Chairman □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 _____ □ Other₁ □Other _____ □Other _____ Important Notice: Use an adactment 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.

Randy Schneider

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:

VISIONARY BRANDS, INC.

DOS ID Number:

3483168

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

03/01/2007

Statement Status:

CURRENT

Statement Due Date:

03/31/2025

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 September 20, 2024 at 09:25 A.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hydra

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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