

F240000006250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

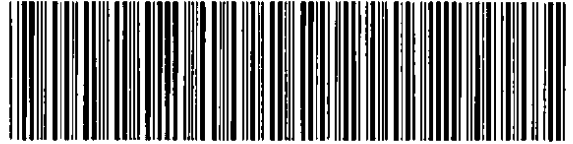
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11/25/24--01026--001 **900.00

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2024 DEC 11 AM 11:06
SEPT 11 10 00 STATE
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M. SOLOMON

DEC 11 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vision Management 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:

Steve FULKERSON
Name of Person
Vision Management, Inc.
Firm/Company
2705 Chestnut Bend
Address
Owensboro, KY 42303
City/State and Zip code
sgfulkerson@aol.com
E-mail address: (to be used for future annual report notification)

2024 DEC 11 AM 11:06
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For further information concerning this matter, please call:

Steve Fulkerson at (270) 314-8434
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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

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. Vision Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
Florida, Inc.
Vision Management, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Kentucky 3. 61-1308550
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-1-96 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 8-25-18
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2705 Chestnut Bend Owensboro, KY 42303
(Principal office street address)

(Current mailing address, if different)

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

Name:

Steve Fulkerson

Office Address:

Sandestin Golf + Beach Resort
9300 EMERALD Coast PKWY. West

Miramar Beach

(City)

, Florida 32550

(Zip code)

DANMiles@Sandestin.com

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.

Steve Fulkerson

(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.

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

FILED
2024 DEC 11 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☒Chairman Name: Steve Fulkerson

☐Vice Chairman Address: 2705 Chestnut Bend

☐Director Owensboro, KY 42303

☐President _____

☐Vice President _____

☐Secretary _____ ☐Treasurer _____

☐Other _____ ☐Other _____

☐Chairman Name: _____☐Vice Chairman Address: _____☐Director _____☐President _____☐Vice President _____☐Secretary _____ ☐Treasurer _____☐Other _____ ☐Other _____

☐Chairman Name: Janella Fulkerson

☒Vice Chairman Address: 2705 Chestnut Bend

☐Director Owensboro, KY 42303

☐President _____

☐Vice President _____

☐Secretary _____ ☐Treasurer _____

☐Other _____ ☐Other _____

☐Chairman Name: _____☐Vice Chairman Address: _____☐Director _____☐President _____☐Vice President _____☐Secretary _____ ☐Treasurer _____☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary _____ ☐Treasurer _____

☐Other _____ ☐Other _____

☐Chairman Name: _____☐Vice Chairman Address: _____☐Director _____☐President _____☐Vice President _____☐Secretary _____ ☐Treasurer _____☐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.

12. Steve Fulkerson Pres.
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. STEVE FULKERSON
(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 322748

Visit <https://web.sos.ky.gov/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

VISION MANAGEMENT, INC.

VISION MANAGEMENT, INC. is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is August 30, 1996 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 12th day of November, 2024, in the 233rd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
322748/0420749



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2024

STEVE FULKERSON
2705 CHESTNUT BEND
OWENSBORO, KY 42303 US

SUBJECT: VISION MANAGEMENT, INCORPORATED
Ref. Number: W24000132028

We have received your document for VISION MANAGEMENT, INCORPORATED. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

L21000230441

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

Letter Number: 024A00025815

RECEIVED
DEC 11 2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2024

STEVE FULKERSON
2705 CHESTNUT BEND
OWENSBORO, KY 42303 US

SUBJECT: VISION MANAGEMENT, INCORPORATED
Ref. Number: W24000132028

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$900.00.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

Letter Number: 424A00022856



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2024

STEVE FULKERSON
2705 CHESTNUT BEND
OWENSBORO, KY 42303 US

SUBJECT: VISION MANAGEMENT, INCORPORATED
Ref. Number: W24000132028

We have received your document for VISION MANAGEMENT, INCORPORATED and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$900.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 524A00021098