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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2017

TRAVIS ROBINSON VISIONARY FINANCIAL, LLC 3810 MURRELL RD, STE. 275 ROCKLEDGE, FL 32955

SUBJECT: VISIONARY FINANCIAL, LLC

Ref. Number: W17000015109

We have received your document for VISIONARY FINANCIAL, LLC and your check(s) totaling \$125.00. 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.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00003374

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Visionary Fin	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to	o the following:
Trayi	S Robinson Name of Person
Visi	Onary Financial Firm/Company
	Murrell Road Ste 275 Address
Rock	Cledge, FL 32955 City/State and Zip Code
Hravis e E-mail address: (to be	visionary fi. com e used for future annual report notification)
For further information concerning this matter, please cal	II:
Travis Robinson Name of Contact Person	at (32) Area Code Area Code Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	e & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

*APPLICATION'BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED TIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Visionary Financial LLC (Name of Foreign Eimited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. State of Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-4941925 (FEI number, if applicable)
4. O1/11/2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
3810 Murrell Rd Ste 275 (Street Address of Principal Office) 6. Rockledge, FL 32955 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
6. Rockledge, FL 32955
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Iravis D Robinson
Office Address: 5408 San Marco Way Rockledge , Florida 32955 (City) (Zip code)
Rockledge, Florida 32955
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Travis Robinson: 3270 Suntree Blvd*1101
Melbourne, FL 32940: Manager
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.
Travis Robinson

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VISIONARY FINANCIAL, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISIONARY FINANCIAL, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2017.

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6274616 8300 SR# 20171374760

Authentication: 202111178

Date: 02-28-17