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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : RC TAX SERVICE LLC  
Account Number : I20140000083  
Phone : (407)932-0040  
Fax Number : (407)520-5473

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
GREEN VISION GROUP USA LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2022 SE 13 AM 9:20

2022 SEP 13 PM 1:41

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Corporate Filing Menu

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S. ROBERTS

SEP 13 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GREEN VISION GROUP LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHNNY G VILORIA MARTINEZ

Name of Person

GREEN VISION GROUP LLC

Firm/Company

5119 FOXTAIL FERN WAY

Address

SAINT CLOUD, FL 34771

City/State and Zip Code

GREENVISIONGROUPLLC@GMAIL.COM

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

For further information concerning this matter, please call:

JOHNNY G VILORIA MARTINEZ

Name of Contact Person

407

at ( )

Area Code

583-5163

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GREEN VISION GROUP LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GREEN VISION GROUP USA 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. WYOMING  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-0688374  
(FBI number, if applicable)

4. 04/07/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 5119 FOXTAIL FERN WAY  
(Street Address of Principal Office)

6. 5119 FOXTAIL FERN WAY  
(Mailing Address)

SAINT CLOUD, FL 34771

SAINT CLOUD, FL 34771

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

Name: JOHNNY G VILORIA MARTINEZ

Office Address: 5119 FOXTAIL FERN WAY

SAINT CLOUD, Florida 34771  
(City) (Zip code)

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 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.

[Signature]  
(Registered agent's signature)

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

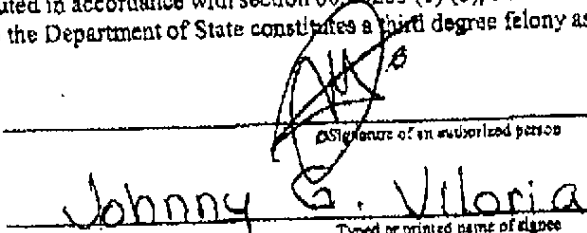
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JOHNNY G VILORIA	<input type="checkbox"/> Manager	Name: LUISMIRA DIAZ RODRIGUEZ
<input type="checkbox"/> Member	Address: 5119 FOXTAIL FERN WAY	<input type="checkbox"/> Member	Address: 5119 FOXTAIL FERN WAY
<input checked="" type="checkbox"/> Authorized	SAINT CLOUD, FL 34771	<input checked="" type="checkbox"/> Authorized	SAINT CLOUD, FL 34771
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

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.)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person  
Johnny G. Viloria  
\_\_\_\_\_  
Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

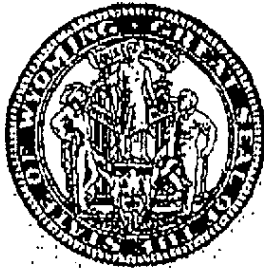
I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**GREEN VISION GROUP LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 11, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001080336**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of April, 2022 at 10:16 AM. This certificate is assigned ID Number 051133922.



*Edward A. Buchanan*  
Secretary of State