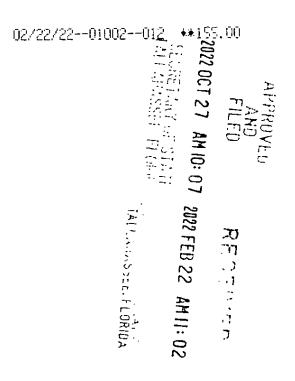
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	PICK U	JP: <u>DANNY 10/27</u>
X	X CERTIFIED COPY PHOTOCOPY CUS	
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1.	VISIUMGROUP, LLC (CORPORATE NAME AND DOCUMEN	NT #)
2.	(CORPORATE NAME AND DOCUMEN	NT #)
3.	(CORPORATE NAME AND DOCUMEN	VT #)
4.	(CORPORATE NAME AND DOCUMEN	NT#)
5.	(CORPORATE NAME AND DOCUMEN	√T #)
6.	(CORPORATE NAME AND DOCUMEN	JT #)
SPECI INSTR	AL UCTIONS:	

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Il name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Lia	hility Company," "I. I. C	"," or "t.LC "i
Virginia 2,		3		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	r, il applicable i	
1				
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration) ne penalty liability)		
2463 Foggy Creek Cit		6. (Mailing Address)		
Street Address of Principal Office)		(Mailing Address)		
Clearwater, FL 33764		Clearwater, FL 33764		
-			702 ::.:	
7. Name and street addre	NOT acceptable)	2007 27 FEELWOOD	- ARRX	
	Michael Hintze		AM 10: 0	
Name:	Michael Hinze			
Name: Office Address:	2463 Foggy Creek Cir.): 07	
		33764): 0 7	
	2463 Foggy Creek Cir.	. Florida 33764 (Zip code)	# 07	

(Registered agent's signature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ___ Michael Hintze Rebecca Hintze ■ Manager ■ Manager 2463 Foggy Creek Cir. Address: 2463 Foggy Creek Cir. ■ Member **■** Member Clearwater, FL 33764 Clearwater, FL 33764 □Authorized □ Authorized Person Person Other_____ □Other □Other □Other Name: □Manager □Manager Name: _____ □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other____ □Other____ □Other____ □Other_____ □Manager Name: □Manager Name: ____ □Member Address: □ Member Address: □Authorized □ Authorized Person Person □Other____ □Other_____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. 11 k. 11-6 Signature of an authorized person Michael Hintze

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That VisiumGroup, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on May 19, 2011; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 18, 2022

Bernard J. Logan, Clerk of the Commission