

M23000010882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

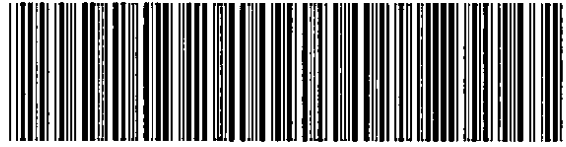
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Office Use Only



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APPROVED  
AND  
FILED

2023 AUG 17 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG 17 PM 1:27

REGISTRATION  
TALLAHASSEE, FLORIDA

AUG 21 2023

K. Brumby



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2023

SUNSHINE

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: VISIONARY PHILANTHROPIC CONSULTING, LLC  
Ref. Number: W23000112936

We have received your document for VISIONARY PHILANTHROPIC CONSULTING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 923A00019047

RECEIVED  
2023 AUG 21 PM 1:38  
REGISTRATION OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 08/17/2023

**\*\*WALK IN\*\***

ENTITY NAME Visionary Philanthropic Consulting, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

XXXXXXX

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 160

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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. Visionary Philanthropic Consulting, LLC  
(Name of Foreign Limited 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. Ohio 3. 83-2012852  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/01/2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3040 Riverside DR STE 122, Columbus OH 43221 6. 5 Bluebill AVE Unit 507 Naples, FL 34108  
(Street Address of Principal Office) (Mailing Address)

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

Name: Scott R. Lange

Office Address: 5 Bluebill Ave Unit 507

Naples, Florida 34108  
(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.*

/s/ Scott R. Lange

(Registered agent's signature)

APPROVED  
AND  
FILED

2023 AUG 17 PM 3:40

CLERK OF THE COURT  
CLERK OF THE COURT  
CLERK OF THE COURT

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:**

☐ Manager              Name: Scott R. Lange

☐ Member              Address: 5 Bluebill Ave

☐ Authorized              UNIT 507

Naples, FL 34108

Person

☒ Other President                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: Gary R. Hatton

☐ Member              Address: 715 Pineview Lane

☐ Authorized              North Wales, PA 19454

                                 \_\_\_\_\_

Person

☒ Other Treasurer                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ 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.

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.

/s/ Scott R. Lange

Signature of an authorized person

Scott R. Lange

Typed or printed name of signee

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VISIONARY PHILANTHROPIC CONSULTING, LLC, an Ohio Limited Liability Company, Registration Number 4230530, was organized in the State of Ohio on September 12, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of August, A.D. 2023.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202322901424