## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000053934 3)))



H230000539343ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-499#

Fax Number

: (305)328-4774

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

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION VISO5 CORP

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

1 P 2/14/23



February 13, 2023

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: VISO5 CORP REF: W23000019878

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

If you have any questions concerning the filling of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II FAX Aud. #: H23000053934 Letter Number: 923A00003487

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corporation                   | n shall be: Viso5 Corp                          |                        |                                    |
|---|---|------------------------|------------------------------------|
| ARTICLE II PRINCII<br>Pr                      | PAL OFFICE incipal street address               | Mailing add            | lress, if different is:            |
| 529 NE 109 St                                 | . Miami Fl. 33161                               |                        |                                    |
| ARTICLE III PURPOS The purpose for which the  | E corporation is organized is: Any a            | nd all lawful business |                                    |
|   |   |                        |                                    |
|   |   |                        |                                    |
|   |   |                        | Ão.                                |
| ARTICLE IV SHARES The number of shares of ste | ock is:100                                      |                        | FIB TO ALL CONTROL OF LANKASSEE, I |
|   | OFFICERS AND/OR DIRECTORS Andres Viso Aneas (P) | <br> Name and Title:   | FLOR<br>FLOR                       |
| Address                                       | 529 NE 109 St. Miami Fl. 33161                  | Address:               | A                                  |
| _<br>_  |   |                        |                                    |
|   |   |                        |                                    |
| Address                                       |   | Address:               |                                    |
| _   |   |                        |                                    |
| Name and Title:                               |   | _ Name and Title;      | <del></del>                        |
| Address                                       |   | Address:               |                                    |
| _   |   |                        |                                    |

| Name and                                    | Title:  | Name and Title:  |
|---|---|--|
| Address                                     |   | Address:   |
|   | <u></u>   |  |
|   |   |  |
|   |   |  |
| ARTICLE VI R                                | EGISTERED AGENT   |  |
|   | rida street address (P.O. Box NOT acceptabl   | le) of the registered agent is:  |
| Name;                                       | Andres Viso Aneas   |  |
| Address:                                    | 529 NE 109 St Miami Fl. 33161   | TALL   |
|   |   | CRE L  |
|   |   | SSE TO SSE   |
| ARTICLE VII I                               | <u>NCORPORATOR</u>  |  |
| The name and add                            | ress of the Incorporator is:  | AM 9: 04 OF STATE E. FILORIDA  |
| Name:                                       | Andres Viso Aneas   | Agrical Control of the control of th |
| Address:                                    | 529 NE 109 St Miami Fl. 33161   |  |
|   |   |  |
|   | FFFECTIVE DATE:   | (ODTIONAL)   |
|   | ther than the date of filing: te is listed, the date must be specific and ca                    | annot be more than five days prior or 90 days after the  |
|   | nserted in this block does not meet the applic<br>active date on the Department of State's reco | eable statutory filing requirements, this date will not be listed as ords.   |
|   |   | ess for the above stated corporation at the place designated in this eistered agent and agree to act in this capacity  |
|   | A.  | 2/7/23   |
|   | Required Signature/Registered Agent   | Date   |
|   | ment and affirm that the facts stated herein<br>partment of State constitutes a third degree f  | are true. I am aware that the false information submitted in a celony as provided for in s.817.155, F.S.   |
| $\mathscr{S}_{\mathfrak{p}}^{\mathfrak{p}}$ |   | 2/7/23   |
| Required Signature                          | /Incorporator   | Date   |