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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: ______info@visionarybuildersfl.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Visionary Builders and Remodeling FL INC.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corpora	tion shall be: Visionary Build	ers and Remodeling FL INC.		
ARTICLE II PRINCIPAL OFFICE Principal street address 1300 NE MIAMI GARDENS DR., APT 714E		Mailing ac	Mailing address, if different is: 1300 NE MIAMI GARDENS DR., APT 7141 NORTH MIAMI BEACH, FL 33179	
	SORTH MIAMI BEACH, FL 33179			
ARTICLE III PURPO. The purpose for which the	<u>MSE</u> ne corporation is organized is:	RESIDENTIAL REMODELING		
ARTICLE 17 INITIA Name and Title:	Stock is: LOFFICERS AND/OR DIRE LIPASIMON OFFICER 1300 NE MIAMI GARDENS I	Name and Title:		
Address	NORTH MIAMI BEACH, FL			
Address		Name and Title:	2021 JA	
			A, 23	
			<u>};</u> 9:	
Name and Title:		Name and Title: Address:		

01/23/2024 14:18 From:17184082550 To:18506176381 Date Time 01/23/24 02:18FM Pages: 3 P: 3/3 (((H24000030869 3)))

Name an	d Title:	Name and Title:	
Address		Address:	
		47-9-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
. 0/7/21 [5 1:1			
	<i>REGISTERED.AGENT</i> <u>lorida street address</u> (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	LIPA SIMON		
Address:	1300 NE MIAMI GARDENS DR., APT 714E		
	NORTH MIAMI BEACH, FL 33179		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	ddress of the Incorporator is:		
Name:	LIPA SIMON		
Address:	1300 NE MAMI GARDENS DR., APT 714	E	
	NORTH MIAMI BEACH, FL 33179		
	EFFECTIVE DATE: other than the date of filing:	(CARTICAN A LA	
(If an effective d days after the fil	ate is listed, the date must be specific and cannot	be more than five business days prior or	90 business
Note: If the date	inserted in this block does not meet the applicable s ffective date on the Department of State's records	statutory filing requirements, this date will no	or be listed as
Having been nan this certificate, I	ned as registered agent to accept service of process j am familiar with and accept the appointment as regi	istered agent and agree to act in this capacity	7 <u>9</u> 27
	/s/ LIPA SIMON	0 F/23/	<u>/</u> 2024
	Required Signature/Registered Agent	j);	160 160
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. Lam aware that the fulse information	submitted in a ≥
	s/ LIPA SIMON	•	= √ <u>6</u> 2024
•	red Signature/Incorporator		€2024 •