P95000053279

(((H95000007514)))

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135- 302-
CONTACT: RAY STORMONT
PHONE: (305) 541-3094
FAX: (305) 541-3770

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: VISIONARY, INC.
FAX AUDIT NUMBER: H95000007514
DATE REQUESTED: 07/06/1995
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TALLAHASSEE, FLORIDA

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12-13724

DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

858.9191-

July 7, 1995

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: VISIONARY, INC.
REF: W95000013724

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

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Loria Poole
Corporate Specialist

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Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

VISUART, INC.

The undersigned, for the purpose of forming a corporation under Chapter 607 of the Florida Statutes, does hereby adopt the following Articles of Incorporation:

ARTICLE I: NAME

The name of the corporation is: **VISUART, INC.**

ARTICLE II: DURATION

The period of duration of this corporation is perpetual unless dissolved according to law. Corporate existence shall commence upon the filing of these Articles of Incorporation.

ARTICLE III: INITIAL REGISTERED OFFICE AND AGENT

The initial Registered Office and Agent of this corporation shall be:

Drew Napolitano
5565 LaGorce Drive
Miami Beach, Florida 33140

ARTICLE IV: PRINCIPAL PLACE OF BUSINESS

The principal office address of this corporation is:

169 Lincoln Road, Suite 214
Miami Beach, FL 33139

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These Articles of Incorporation were prepared by Richard J. Lind, Attorney at Law
Florida Bar Number 320064, 2551 Tigertail Avenue, Miami, Florida 33133

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ARTICLE V: INITIAL BOARD OF DIRECTORS

The number of persons constituting the Board of Directors of this corporation shall be one (1) initially. The name and street address of the initial Director is:

Drew Napolitano
5565 LaGorce Drive
Miami Beach, Florida 33140

ARTICLE VI: INITIAL OFFICERS

The initial President, Secretary and Treasurer of this corporation is:

Drew Napolitano
5565 LaGorce Drive
Miami Beach, Florida 33140

ARTICLE VII: STOCK

The maximum number of shares that this corporation is authorized to issue and have outstanding is One Thousand Shares.

ARTICLE VIII: INCORPORATOR

The name and address of the Incorporator of these Articles of Incorporation is:

Drew Napolitano
5565 LaGorce Drive
Miami Beach, Florida 33140

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ARTICLE IX: AMENDMENTS

This corporation reserves the right to amend or repeal the provisions of these Articles of Incorporation or any amendments thereto.

These Articles of Incorporation were prepared by Richard J. Lind, Attorney-Florida Bar Number 220064, 2551 Tigertail Avenue, Miami, Florida 33133

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IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 25th DAY OF JUNE, 1995.

DREW NAPOLITANO

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These Articles of Incorporation were prepared by Richard J. Lind, Attorney at Law
Florida Bar Number 329064, 255 Tigertail Avenue, Miami, Florida 33133

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of this corporation is: VISUART, INC.

2. The name and address of the registered agent and office is:

Drew Napolitano
5565 LaGorce Drive
Miami Beach, Florida 33140

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

DATED: JUNE 25, 1995

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95 JUL 11 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H95000075SH

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053279

Corporate Name: VISUART, INC.
3059 SHERIDAN AVE.
MIAMI-BEACH, FL 33140

Principal Office Address:
3031 SHERIDAN AVE
MIAMI BEACH, FL 33140

Mailing Address:

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96 NOV -7 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96
(Profit Corporation Or Qualified To Do Business in Florida)
AUG. 23 96

5. FEI Number: 65-0593396-IC

Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75, Additional Fee required for a Certificate of Status

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P,T,V,D,C,A	PRES: DREW NAPOLITANO	3031 SHERIDAN AVE	MIAMI BEACH, FL 33140
~~ALL OTHERS~~			
~~THERE~~			

800002004318--0
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****375.00 ****375.00

8. Name and Address of Current Registered Agent

DREW NAPOLITANO
3031 SHERIDAN AVE
MIAMI BEACH, FL 33140

9. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc:
City: State: FL Zip Code:

CR2E040(12/95)

10. I hereby certify that I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Director or Agent: [signature] Date: 10-26-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. I further certify that the information indicated on this report or supplemental requirement concerning the electronic filing of this document is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 617, Florida Statutes; and that my name appears in block 7 above, or on an attachment with an entity name, if applicable.

SIGNATURE: [signature] PRESIDENT
(TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

SEPT 12TH 96 305-662-4634
(Date) (Daytime Phone Number)