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_	stration Section sion of Corporations				
SUBJECT	VISANATION, INC.				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		of corporation	- must include suffix		
Dear Sir or M	Madam:				
"Certificate	I "Application by Foreign Coff Existence," or "Certificanced foreign corporation to	te of Good Stanc	ling" and check are submi		
Please return	i all correspondence concer	ning this matter	to the following:		
Vishal Rai					
	· · · · · · · · · · · · · · · · · · ·	Name of F	Person		
VISANATIO	N, INC.				
		Firm/Comp	pany	78 (III)	
800 Corporate	e Drive Suite 206				
		Addres	SS		
Fort Lauderd	ale, FL 33334				
		City/State an	id Zip code		
vrai@visanat	ion.com				
-	E-mail addre	ss: (to be used fo	or future annual report not	ification)	
For further i	nformation concerning this	matter, please ca	all:		
Vishal Rai		at (6249515		
Nar	ne of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	theck for the following are theck payable to: FLORIDA I ling Fee	DEPARTMENT ing Fee &		■ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

VISANATION.	INC.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co." or "Corp.")	"COMPANY," "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transaction	ng business in Florida)
Delaware	Oclaware 3. 86-2860857 (State or country under the law of which it is incorporated) (FEI number, if applica		
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
03/24/2021	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
800 Corporate D	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 rive, Suite 206, Fort Lauderdale FL 33334		ity)
Same as above	·	e <u>street</u> address)	
	(Current mailing	g address, if different)	
N .	. II	D. MOT. II.	
	et address of Florida registered agent: (P.O Vishal Rai	. Box <u>NOT</u> acceptable)	
Name: ffice Address:	800 Corporate Drive Suite 206		1024 DEC 20 SECRETARY
	Fort Lauderdale	, Florida 33334	C 20
	(City)	(Zip code)	€0¢.
laving been nam	ent's acceptance: ned as registered agent and to accept servic application, I hereby accept the appointm		ed corporation authe pla
irther agree to c	omply with the provisions of all statutes re with and accept the obligations of my pos	lative to the proper and comple	
_	Vishorh	· .	
_	(Registered agent's sig	gnature)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	-		
□Chairman	Vishal Rai Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director	Fort Lauderdale FL 33301	□Director	
■ President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
Chairman	Ni		XI
□ Chairman	Name:	□Chairman	Name:
	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	Treasurer
□Other	Other	Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa	rtment of State Annual Re	eport form.
12	Vignature of Direc	tor or Officer	
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in nu lse information submitted in a document to the De	mber 11 above) affirms the	at the facts stated herein are true and that he or
13.	VISHAL	1/ リト	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VISANATION, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISANATION, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2021.

Authentication: 205160301

Date: 12-17-24