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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

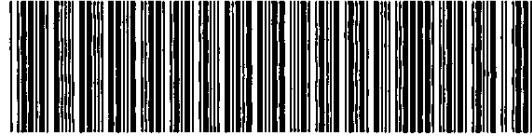
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SEP 23 2016

S. YOUNG

15 AUG - 8 PM 2: 11

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SECRETARY OF STATE
FALL AINASSPELL CORUS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 SEP 23 AM 10:28

August 10, 2016

DAVID SHRAGER
3907 NW 82ND WAY
COOPER CITY, FL 33024

SUBJECT: MARKET VISION, INC.
Ref. Number: W16000055256

We have received your document for MARKET VISION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00016838

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG -8 PM 2:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Market Vision Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Shrager
Name of Person

Market Vision
Firm/Company

3907 NW 82nd Way
Address

Cooper City FL 33024
City/State and Zip code

dauidshrager@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Shrager at (917) 299-6399
Name of Person Area Code Daytime Telephone Number

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ST. TAMM
TALLAHASSEE, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$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.

1. Market Vision Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Market Vision of FL Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-2921157
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 1, 1997 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3907 NW 82nd Way, Cooper City FL 33024
(Principal office address)

(Current mailing address, if different)

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

Name: David Shrager

Office Address: 3907 NW 82nd Way, Florida 33024
(City) (Zip code)

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

[Signature]
(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Shrager

Address: 3907 NW 82nd Way

Cooper City, FL 33024

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. David Shrager

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
08/04/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MARKET VISION, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes
Secretary of the Commonwealth

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SECRETARY OF STATE
HALLMARK BUILDING

Certification Number: TSC160804161272-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>

Microfilm Number 9758-1223

Filed with the Department of State on AUG - 1 1997

Copy Number 2768502

Jhette K...
Secretary of the Commonwealth JK

ARTICLES OF INCORPORATION-FOR PROFIT
OF

MARKET VISION, INC.

Name of Corporation
A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business stock (15 Pa.C.S. § 1305)
- Business nonstock (15 Pa.C.S. § 2102)
- Business statutory close (15 Pa.C.S. § 2303)
- Management (15 Pa.C.S. § 2702)
- Professional (15 Pa.C.S. § 2903)
- Insurance (15 Pa.C.S. § 3101)
- Cooperative (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

16 AUG - 8 PM 2: 11
SECRETARY OF STATE
RECEIVED

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

The name of the corporation is: Market Vision, Inc.

The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) 1731 Holmes Road	Maple Glen	PA	19002	Montgomery
Number and Street	City	State	Zip	County
(b) c/o: David Strager				Montgomery
Name of Commercial Registered Office Provider				County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

The aggregate number of shares authorized is: 1,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

The name and address, including number and street, if any, of each incorporator is:

Name	Address
Elliot S. Fisher, Esq.	25 Skippack Pike, Suite 203, Ambler, PA 19002

The specified effective date, if any, is: _____
PA DEPT. OF STATE month day year hour, if any

AUG 01 1997

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

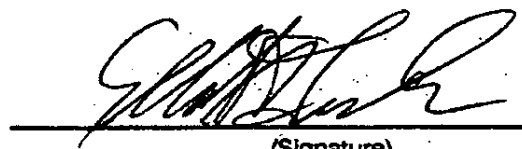
8. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).

9. **Cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 30th day of

July, 1997.

(Signature)



(Signature)

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CLERK OF COURT
FALLS CHURCH, VA