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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

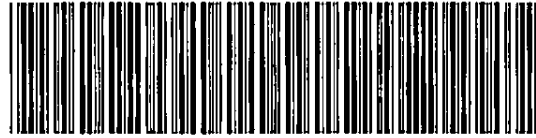
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

AUG 10 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Car Vizon
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:
Jeff Troncone

Name of Person	18 AUG 16 PM 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Firm/Company	
1503 Cordova Green	
Address	
Seminole, FL 33777	
City/State and Zip code	
jtron424@gmail.com E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Tammy	347	879-3387
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

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. Car Vizon, Corp
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

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

4. 7/24/18 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. 30 N Gould St Ste R Sheridan, WY 82801
(Principal office address)

1503 Cordova Green Seminole, FL 33777
(Current mailing address, if different)

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

Name: Tammy Dalton
Office Address: 1503 Cordova Green
Seminole, Florida 33777
(City) (Zip code)

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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.

(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: Jeff Troncone
Address: 1503 Cordova Green Seminole, FL 33777

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: _____
Address: _____

Vice President: _____
Address: _____

Secretary: Tammy Dalton
Address: 7654 Cardiff Ct N St. Pete, FL 33709

Treasurer: _____
Address: _____

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

12. Tammy Dalton
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. Tammy Dalton
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

Car Vizon

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **24th** day of **July, 2018** at **3:22 PM**.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Remainder intentionally left blank.



Filed Date: 07/24/2018

Secretary of State

Filed Online By:

Tammy Dalton

on 07/24/2018



Wyoming Secretary of State
2020 Carey Avenue
Suite 700
Cheyenne, WY 82002-0020
Ph. 307-777-7311

Consent to Appointment by Registered Agent

Registered Agents Inc., whose registered office is located at **30 N Gould St Ste R, Sheridan, WY 82801**, voluntarily consented to serve as the registered agent for **Car Vizon** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature: *Tammy Dalton* Date: 07/24/2018
Print Name: Tammy Dalton
Title: Incorporator
Email: mommyskoala@gmail.com
Daytime Phone #: (347) 879-3387

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Wyoming Secretary of State
2020 Carey Avenue
Suite 700
Cheyenne, WY 82002-0020
Ph. 307-777-7311

- I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
I am filing in accordance with the provisions of the Wyoming Business Corporation Act, (W.S. 17-16-101 through 17-16-1804) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
I understand that the information submitted electronically by me will be used to generate Articles of Incorporation that will be filed with the Wyoming Secretary of State.
I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.
I affirm, under penalty of perjury, that I have received actual, express permission from each of the following incorporators to add them to this business filing: Tammy Dalton

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.
(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:
(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;
(ii) Makes any materially false, fictitious or fraudulent statement or representation; or
(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

I acknowledge having read W.S. 6-5-308.

Filer is: [] An Individual [x] An Organization

The Wyoming Secretary of State requires a natural person to sign on behalf of a business entity acting as an incorporator or organizer. The following individual is signing on behalf of all Organizers or Incorporators.

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Incorporation.

Signature: Tammy Dalton Date: 07/24/2018
Print Name: Tammy Dalton
Title: Incorporator
Email: mommyskoala@gmail.com
Daytime Phone #: (347) 879-3387



Wyoming Secretary of State
 2020 Carey Avenue
 Suite 700
 Cheyenne, WY 82002-0020
 Ph. 307-777-7311

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WY Secretary of State
FILED: Jul 24 2018 3:22PM
Original ID: 2018-000813382

**Profit Corporation
 Articles of Incorporation**

I. The name of the statutory close corporation is:

Car Vizon

II. The name and physical address of the registered agent of the statutory close corporation is:

Registered Agents Inc.
 30 N Gould St Ste R
 Sheridan, WY 82801

III. The mailing address of the statutory close corporation is:

1503 Cordova Green
 Seminole, FL 33777

IV. The principal office address of the statutory close corporation is:

30 N Gould St Ste R
 Sheridan, WY 82801

V. The number, par value, and class of shares the statutory close corporation will have the authority to issue

Number of Common Shares:	50,000,000	Common Par Value:	\$0.0001
Number of Preferred Shares:	1,000,000	Preferred Par Value:	\$0.0001

VI. The name and address of each incorporator is as follows:

Tammy Dalton
 7654 Cardiff Ct N St. Petersburg, FL 33709

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 TALLAHASSEE, FLORIDA

Signature: Tammy Dalton

Date: 07/24/2018

Print Name: Tammy Dalton

Title: Incorporator

Email: mommyskoala@gmail.com

Daytime Phone #: (347) 879-3387