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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2022 HAY 18 PH IO: 19

S. FRANKLIN MAY 1 9 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 5/18/2022

PRIORITY Routine

OUR REF # (Order ID#), Rhonda

ORDER ENTITY

IMPACT OBSERVATORY, INC.

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES:

IMPACT OBSERVATORY, INC.

Please file the attached qualification document.

NOTES:

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

2022 H. Y 18 PK 10: 19

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.

Impact Observa	tory, Inc •		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting business in	Florida)
Delaware 2.		35-1986848	
(State or country under the law of which it is incorporated 05/14/2020		(FEI number, if applicable)	
(Date of incorporation)		(Date of duration, if other than perpetual)	
6.			
22.2	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)		
7	Street, NW Washington, DC 20008		22_
(Principal office street address)			20221187
900 19th St NW,	Washington, DC 20006		
	(Current mailing	address, if different)	8 1
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	PH 10: 19
Name:	Incorporating Services, Ltd.	:	·
Office Address:	1540 Glenway Drive		Ų.
	Tallahassee	Florida 32301	
	(City)	(Zip code)	

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.

DocuSign Envelope ID: FC3C19A9-1127-4EC3-9CA0-BB10C39EE i63 A. DIRECTORS Steven Brumby Name: □ Chairman □ Chairman Brandywine St NW □Vice Chairman Address: ☐ Vice Chairman Address: _____ Washington DC 20005 ☐ Director □ Director ☐ President □ President □Vice President □ Vice President □ Secretary Treasurer □Treasurer □Secretary ©Other CEO ■ Other _____ □Other _____ Samantha Hyde □ Chairman Name: □ Chairman 1209 1/2 Rhode Island Ave NW ☐ Vice Chairman Address: ☐ Vice Chairman Address: _____ Washington DC 20005 Director □ Director ☐ President ☐ President ☐ Vice President □Vice President □Treasurer 2022 ☐ Secretary Treasurer □ Secretary □Other _____ □Other _____ Name: ____ ☐ Chairman Chairman Name: 380 New York St □ Vice Chairman Address: ☐ Vice Chairman Address: Redlands, CA 92373 Director ☐ Director ☐ President □ President □Vice President __ ☐Vice President ☐ Secretary ☐Treasurer □ Secretary ☐Treasurer □Other ____ □Other _____ Other ____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Samautha Hyde 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. Samantha Hyde, Director

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IMPACT OBSERVATORY, 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 MAY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPACT

OBSERVATORY, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVES
BEEN PAID TO DATE.

18 PK 10: 19

Authentication: 203452126

Date: 05-17-22