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(Requestor's Name)	
(Address)	
(Address)	
(indicate)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

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		COVER LET	TER	Carry 3 O	
TO:	New Filing Section			45,45 V	
	Division of Corporations			500 × 50	
SUBJ	ECT:	ezimpact,	INC		
2020		(Name of corporation -			
Dear S	ir or Madam:				
"Certif	closed "Application by For Ticate of Existence," and che at business in Florida.	· .		•	
Please	return all correspondence c	oncerning this matter to	the following:		
		CHRISTIAN	MAROFN		
	.	(Name of Pe			
		ezima	ALT. INC		
		(Firm/Compa	ACT, INC		
• • •					
ISB3 F S. IVER STAR RD #347 (Address)					
ocoel fc 34761					
	•	(City/State and	Zip code)		
For fur	ther information concerning	this matter, please call:			
A 1	13./	/			
CH	HRUTIAN WARR	E~ at (888	160-7077	#1	
	(Name of Person)	(Area Cod	e & Daytime Telepho	one Number)	
	STREET/COURIER AD	DDFCC.	MALLING	nnnece.	
	New Filing Section	DRESS:	MAILING AI New Filing Se		
	Division of Corporations		Division of Co	orporations	
	Clifton Building	•	P.O. Box 6327		
	2661 Executive Center Cit Tallahassee, FL 32301	cie	Tallahassee, F	L 32314	
Enclos	ed is a check for the following	ng amount:			
\$70.	00 Filing Fee \$18.75	- Filing Fee & S7	8.75 Filing Fee &	\$87.50 Filing Fee,	
	Certi		ertified Copy	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.

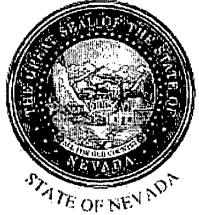
1.	ezimpact, inc
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	e21mpactsys, INC
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	(State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
6.	[0-1-08
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	1587 E. Silver STAR RD #343
•	(SAme) (Principal office address) Ocute, FC 34761 (Current mailing address)
	(Current mailing address)
•	Unline GOTT WARE Perecopnent
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9,	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	1582 × (/1100 mag RD #343 = = = = = = = = = = = = = = = = = =
Oi	fice Address: JOSE STATE SSA
	Florida S 7/6/
	(City) (Zip code)
10	Registered agent's accentance:
He.	aving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
fu	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutie
an	d I am familiar with and accept the obligations of my position as registered agent.
	(Registered agent's signature)

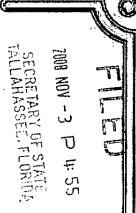
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: __ Vice Chairman: Address: _____ Director: Address: **B. OFFICERS** Vice President: Address: _____ Secretary: ___ Treasurer: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) GRISTIAN WARREN

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

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **E2IMPACT**, **INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 15, 2004, and is in good standing in this state.

911 O

Certified By: Christine Rakow Certificate Number: C20081029-0686 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 29, 2008.

ROSS MILLER Secretary of State SECRETARY OF STATE



APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

- 2. has been signed by Christine Rakow
- 3. acting in the capacity of CERTIFICATION CLERK
- 4. bears the seal/stamp of STATE OF NEVADA

CERTIFIED

- 5. at Carson City, Nevada, U.S.A.
- 6. the TWENTY-NINTH DAY OF OCTOBER, 2008
- 7. by ROSS MILLER, Secretary of State, State of Nevada, U.S.A.
- 8. 2009/049/CR

10. Signature:

9. Seal/Stamp:



Ву

ROSS MILLER Secretary of State

Chris Thomann