F11000004659

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Oity/State/Zipir Holle #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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× 11/18/11

COVER LETTER

TO:	New Filing Se Division of Co					
SUBJ	ECT:	Impa	ct Ministr	ies, Inc.		
		Name of Corporat	ion – must in	clude suffix		
Dear S	ir or Madam:					
"Certif	icate of Existence	ion by Foreign Not for Prof e", or "Cerificate of Good S n to conduct its affairs in F	tanding" and			
Please	return all corresp	ondence concerning this ma	atter to the fo	llowing:		
	k		Peter Ma			
			Name of P	erson		
		F	lorida Incor	porator		
		Firm/Company				
		619 Ca	ittlemen Ro	I - Suite O11		
			Addre			
			Addic	05		
			arasota, Fl			
		C	ity/State and	Zip Code		
		state@floridai	ncorporato	r.com		
	E-m	ail address: (to be used for			ion)	
For fu	ther information	concerning this matter, plea	se call:			
	Peter	Marley at	(888)	800	9573	
	Name o	f Person	Area Code	& Daytime Te	lephone Number	
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle			
г.	, , , , , , , , , , , , , , , , , , ,			Tallahassee, F		
		the following amount:				
\$70	0.00 Filing Fee	₹ \$78.75 Filing Fee & Certificate of Status	\$78.75 Certifie	Filing Fee & d Copy	\$87.50 Filing Fe Certificate of Sta Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Chris Gingrasso	, do hereby certify
(Name)	
that this Resolution of the Board of Directors of Impact Ministries	s, Inc.
(Name of Corporation)	
a corporation duly organized and existing under the laws of Arka	(State or Country)
was adopted on <u>11/01/2011</u>	, adopting the alternate
name of Impact Ministries of Arkansas, INC	
(Alternate Name) NOTE: Must con	tain a corporate suffix)
for use in Florida as its real name is unavailable in Florida.	INOV 17
Date: 4/3/11	PM 4: C
Signature of Chairman, Vice Chairman of the Board, a director or any officer	resident Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.		Impact Min	<u>istries, Inc.</u>	A TRONII	11 '.' CI	
(Name of corporation import in language a	n: must include the word s will clearly indicate tha nt. "Company" or "Co." n	"INCORPORATE t it is a corporation	instead of a natu	A HON" or words or a a real person or partnersh	bbreviations of li	ike ined
in the name at preser	it. "Company" or "Co." n	nay not be used as	a corporate suffix	by a nonprofit corpora	ition.)	
2	AR 3. 71-0754202 State or country under the law of which it is incorporated) (FEI number, if applicable)					
•		-				
4	April 6, 1994	5.	Perpetual (Duration: Year corp. will cease to exist or "perpetual")			
(Date o	of Incorporation)		(Duration: Year	r corp. will cease to exi	st or "perpetual"))
6	affairs in Florida if prior t					
(Date first conducted	affairs in Florida if prior t	o registration. See s	ections 617.1501	& 617.1302, F.S, to dete	ermine penalty lia	bility.)
7	1091 Gle	nraven Lane -	Clermont, FI	_34711		_
		(Principal of	fice address)			
	1001 Gla	nraven I ane -	Clermont El	3/1711		
	1031 GIE	(Current m	ailing address)	_34711		_
8.	See attac	hed "Business	Purpose" do	cument		
(Purpose(s) of corpo	See attac oration authorized in hom	e state or country t	o be carried out i	n the state of Florida)	دند.	
Name and street a	ddress of Florida regist	ered agent: (P.O.	Rox NOT acce	entable)	11 NOV 17	protect.
2. Manie and <u>street a</u>	<u>saress</u> of 1 fortaa regist	erea agent. (1.0.	Box <u>110 1</u> 4000	puoto,		CONTRACTOR .
Name: Chi	ris Gingrasso				11 NOV 17	THE REAL PROPERTY.
7 tame: <u>-0111</u>	io cingiasso					
Office Address: 109	1 Glenraven Lane		_		F	
					L 4: 38	Cheminal Control
<u>Cle</u>	rmont		_, Florida	34711		
	(City)	i e		(Zip Code)	_	
10. Registered age	nt's acceptance:					
Having been named	as registered agent an oplication, I hereby acc	d to accept servi	ce of process fo	r the above stated co	rporation at the	e place
further agree to com	ply with the provisions	s of all statutes r	elative to the pr	oper and complete pe	erformance of i	my dutio
and I am familiar w	ith and accept the oblig	gations of my po	sition as registe	red agent.		
		0				
-		(Registered as	gent'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 addresses of officers and/or directors:

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: Chris Patrick Gingrasso Address: 1091 Glenraven Lane Clermont, FL 34711 Vice President: Address: Secretary: Heather Lynne Gingrasso Address: 1091 Glenraven Lane - Clermont, FL 34711 Treasurer: Heather Lynne Gingrasso Address: 1091 Glenraven Lane - Clermont, FL 34711 NOTE: If necessary, you may attach ap addendam to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

Business Purpose

This corporation was organized and operated exclusively for religious, charitable, and educational purposes, which shall include but are not limited to, the spreading of the gospel of Jesus Christ. This will be accomplished thru church services, revivals, camps, retreats, literature, and audio messages.

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Arkansas Secretary of State Mark Martin

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

IMPACT MINISTRIES, INC.

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office April 6, 1994.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.





In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 28th day of October 2011.

Mark Martin

Secretary of State Authorization Code: 7b729f4a1a04697

To verify the Authorization Code, visit sos.arkansas.gov