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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2017

DAVID KNAUSS LIFE IMPACT, INC PO BOX 9753 BEND, OR 97708

SUBJECT: LIFE IMPACT, INC. Ref. Number: W17000004335

SESSE OF SEED A

We have received your document for LIFE IMPACT, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The mame of your corporation is mot available in Florida. "And 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: 417A00001109

www.sunbiz.org

Division of Corporations DO ROY 6397 Tallahassaa Florida 39314

COVER LETTER

ΓO: Registration Section Division of Corporations	
SUBJECT: Life Impact Inc Name of Corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.	
Please return all correspondence concerning this matter to the following:	
David Knauss Name of Person	
Life Impact Inc. Firm/Company	
POBOX 9753	7.5°E
Address	>5 -23 -33 -33
Bend, Oreson 97708 = Scity/State and Zip Code 9	
E-mail address: (to be used for future annual report notification)	15.5 15.5 15.5 15.5 15.5 15.5 15.5 15.5
For further information concerning this matter, please call:	
Beth Brown Name of Person at (541) Area Code Daytime Telephone Number	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Bigcup \text{\$78.75 Filing Fee & Gertificate of Status}\$ \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status Certified Copy	&

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. Life Impact, Treer ported Oregon (Name of corporation: must include the word "INCORPORATED" or CORPORATION" or words or abbrevia import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ations of like t so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) Life Impact, Incorporated Bend (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	
2. Crecon (State or country under the law of which it is incorporated) 4. Ury 2003 (Date of Incorporation) (Date of duration, if other than perp	
4. Use of Incorporation) 5. (Date of duration, if other than perp	etual)
6. JCLNUTLY Y 2017 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine	
Physical: 2611 NW Gill Cart Bench DR 97	703
(Current mailing address, if different)	1 PS
8. Relisions (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	T JAN 17
(Purpose(s) of corporation authorized in nome state or country to be carried out in the state of Florida)	コー語
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	3 999
Name: Franz Martens	1 9: 25
Office Address: 2/(0/3 Dolphin Cive	<u> </u>
Name: Franz Martens Office Address: 2/(0/3 Dolphin ave Panama City Beach, Florida 32413 (Zip Code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpor designated in this application, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relative to the proper and complete perfo duties, and I am familiar with and accept the obligations of my position as registered agent.	in this capacity. I
See attached (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 addresses of officers and/or directors

A. DIRECTORS

Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: David Knauss
Address: 2011 NW Gill C+
Bend DR 97703
Vice President:
Address:
Secretary: Diana Loomis
Address: 9276 Sw Claride Dr Treard or 97223
Freasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13
14

DOC COLUMN TO MAN MAR SECTION OF THE ARCHITICAL AND ARCHITICAL A	AFFAIRS IN
IN COMPLIANCE WITH SECTION 617-1503 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED. REGISTER A FOREIGN NOT FOR PROFITE OR PORTION FOR AUTHORIZATION TO CONDUCT ITS THE STATE OF FLORIDA	
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Name of corporation must include the word INGORIORATED or "CORPORATION of the compartment of notice of a natural person of partnership if notice importing in language as will clearly indicate that it is a corporation instead of a natural person of partnership if notice importing in the name at present. "Company or Co." may not be used as a corporate suffix by almosprofit corporation.)	niained
	vida)
(1) name unavailable in Florida enter alterinte corporate name adopted for the purpose of transacting business in Florida.	
3 05 0502132 (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated)	
State of country under the law of which it is incorporated) 4 1	
(Date of Incorporation)	
6 Date first conducted all sits it Florida it prior to registration See sections 617, 1501 & 617, 1502: F. S. to determine penal	ry liabiliny)
7 PO Box 9753 BATU OLEGO (7777/02)	
(Current mailing address, if different)	
8 (Purpose(s) of composition authorized in home state or country to be carried out in the state of Florida)	
9. Name and street address of Florida registered agent: (P.O Box NOT acceptable)	清
Name Franz IIIIa - 115	, (의))
	, បា (វិទី
Office Address 2/(c/3/20/non/o/11/2 Florida 5/11/3 Florida (Zip Code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application. Thereby accept the appointment as registered agent and agree to act in the service of the appointment as registered agent and agree to act in the service of the appointment as registered agent and agree to act in the service of the appointment as registered agent and agree to act in the appointment as registered agent and agree to act in the appointment as registered agent and agree to act in the appointment as registered agent and agree to act in the appointment as registered agent and agree to act in the appointment as registered agent and agree to act in the appointment as registered agent and agree to act in the agent agent and agree to act in the agent ag	us canacity." i
further agree to comply with the provisions of all statutes relative to the proper and complete performations, and I am familiar with and accept the obligations of my position as registered agent.	ice of my
(Registered agent's signature) as a grant of the state of	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior loudeling by	

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.

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 696Y703G6

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

LIFE IMPACT, INC.

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate. \mathcal{L}



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

DENNIS RICHARDSON, SECRETARY OF STATE

1/6/2017

RS Department of the Trensing

OGDEN 01 84201-0038

an a markera

1n reply referato: 0737870217 June 07; 2012 LTR 4168C 0 05-0562732 000000 000 0

#0.0043936 BODC: TE

LIFE IMPACT INC POSBOX 9753 BEND OR 97708

030806

Employer Identification Number: 05-0562732 Person to Contact: Exempt Organizations Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 29, 2012 request for information regarding your tax-exempt status.

Dun records indicate that you were recognized as exempt under to section 501(c)(3) or the internal Revenue Code in a determination of letter issued in July, 2003

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a) (i) and 170(b)(i)(A)(vi).

Donors may deduct contributions to you as provided in sectional 70 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically section 6033(j) of the Code provides that failure to file an annual information returns for three consecutive years results in revocation of tax-exempt status as of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

June 0:7, 2012 LTR 4168C http://doi.org/10.00043937 0.0043937

. If you have any questions, please call us at the telephone number shown in the heading of this letter.

LIFE IMPACT INC BEND OR 97708

Accounts Management I

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Secretary of State
Corporation Division
255 Capitol Street NE Stille 151
Salem: OR 97310-1327

Phone:(503)986-2200

Registry Number 135641-90 Type: DOMESTIC NONPROFIT CORPORATION

LIFE IMPACT INC. SUNRIVER OR 97707

Acknowledgment Letter.

The document you submitted was recorded as shown below. Rease review and verify the information listed for

If you have any questions regarding this acknowledgement, contact the Secretary of State. Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filled documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or Master Card number.

ARTICLES OF INCORPORATION

Filed On (1) (04/02/2003) Nonprofit Type Jurisdiction OREGON RELIGIOUS Name: LIFE IMPACT: INC. Mailing Address P.O BOX 4088 Registered Agent
DAVID GRISSEN
11 POPLAR LANE SUNRIVER OR 97707 SUNRIVER OR 97707