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TALL COLORD

TALLANS OF STATE

SECRETARY OF STATE

TALLANS SEEL I LORID

D. SCOTT MAR 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: IMPAK CORP	ORATION Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor	"Certificate of Good S	Standing" and check are sub-	
Please return all corresponde RAYMOND TORRES	nce concerning this ma	tter to the following:	
	Name	of Person	
IMPAK CORPORATION			
	Firm/C	company	
13700 S. BROADWAY ST.		. ,	
	Ad	ldress	100 3
LOS ANGELES, CA 90061			100 富卫
RTORRES@SORBENTSYST	•	e and Zip code	22 1
E	mail address: (to be use	ed for future annual report r	notification)
For further information conc	erning this matter, pleas	se call:	2. 20
RAYMOND TORRES	818 at (631 - 1675	ŕ
Name of Person	Area C	Code Daytime Telepl	hone Number
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a check for the for	ollowing 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 &

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.

IMPAK CORPO	ORATION			
	corporation; must include "INCORPORATED," corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,	
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	g business in Florida)	
DELAWARE,	·			
(State or countr 05/19/1993	y under the law of which it is incorporated)	(FEI number, if applicable)		
(Date 01/01/2016	e of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
920 TROPIC DR 7.	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 IVE, VILLA A, VERO BEACH, FL 32963		ty)	
	(Principa DWAY ST. LOS ANGELES, CA 90061	i office address)	SECO P	
	(Current mailing	address, if different)	# 22 ELLEGATION	
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	三型の ま じ	
Name:	ELIZABETH SCOFIELD	<u> </u>	1000	
Office Address:	915 TIDES RD.		OF N	
	VERO BEACH	32963 . Florida		
	(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 s/gnature)

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: Vice Chairman: Address: __ LORRAINE RINCON Director: 13700 S. BROADWAY ST. Address: _ LOS ANGELES, CA 90061 Director: Address: _ **B. OFFICERS** President: Address: ____ JEFFREY LOW Secretary: 1032 SAN PATRICIO DR. MONTEREY PARK, CA 91755 Address: Treasurer: Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Kencon 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. LORRAINE RINCON (

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IMPAK CORPORATION" 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D.

2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPAK CORPORATION" WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 1993.

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



Authentication: 202108152

Date: 02-27-17