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Florida Department of State
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Fax Number : (950) 617-6383

From: Account Name : C I CORPORATION SYSTEM
Account Number : FCA000036023
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FOREIGN PROFIT/NONPROFIT CORPORATION
IMPACT SOLUTIONS, INC.

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| Certificate of Status | 0 |
| Certified Copy | 1 |
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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D. SCOTT
2018 MAR 13

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. Impact Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Impact Solutions Southland, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kansas 3. 47-0911777
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/31/2005 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13611 Foster St., #106, Overland Park, KS 66223
(Principal office address)

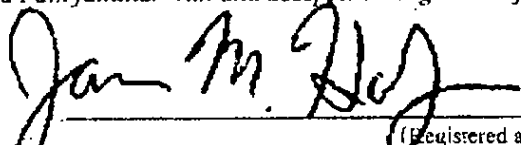
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (State) (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.

 James M. Halpin
Assistant Secretary
(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Steve Ohler

Address: 13611 Foster St., #106

Overland Park, KS 66223

Director: Jean Ohler

Address: 13611 Foster St., #106

Overland Park, KS 66223

B. OFFICERS

President: Steve Ohler

Address: 13611 Foster St., #106, Overland Park, KS 66223

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Jean Ohler

Address: 13611 Foster St., #106, Overland Park, KS 66223

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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. Steven W. Ohler, President

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

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3425865

Entity Name: IMPACT SOLUTIONS, INC.

Entity Type: KANSAS FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: NATIONAL REGISTERED AGENTS, INC. OF KS

Registered Office: 112 SW 7th Street Suite 3C, TOPEKA, KS 66603

was filed in this office on January 31, 2003, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 13, 2018

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 1040536 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.