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BRUCE 2019

COVER LETTER

TO:	Divisi	ration Secton of Cor	porations				
	S S	port Impact	Worldwide, Inc.				
SUB	JECT:_		Name of Corporation	- must include suffix			
Dear	Sir or Ma	dam:					
A CEn :	es in Flor	da" "Cart	on by Foreign Not for Profit C ificate of Existence", or "Cer need not for profit corporation	titicate of Status and chec	K are submitted to		
Pleas	e return a	ll correspo	ondence concerning this matte	er to the following:			
		Carrie Us					
			Name of	Person			
		Baumer-U	Jstica & Associates				
Firm			Firm/Co	mpany			
		P.O. Box	2026				
					2019 HAR -1		
			Addı	ess			
		Polana T	exas 75034		952 ±		
		rnscu, n					
		Raumer-U	City/State an Jstica@sbcglobal.net	·	્રિંદ ્ર		
			nail address: (to be used for fu	iture annual report notifica			
For	further in	formation	concerning this matter, please	e call:			
Car	rie Ustica		at (335-7363			
		Name o	of Person	Area Code Daytime Tele	ephone Number		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			ction porations	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enc Plea	se make cl	check for heck payab	the following amount: le to: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	NT OF STATE \$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:

(maile this	ailable in Florida, enter alternate corporate name	adopted for the purpose of transacting od	siness in F	lorida	1)	
Minnesota	3	41-1706097				
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable			_	
11/6/1991	1/6/1991 5, perpetual					
(Date of Incorporation) 5.	(Date of duration, if other than	perpetual)		
	fucted affairs in l'Iorida if prior to registration. Sec-				 .	
Date first cone	lucted affairs in Florida if prior to registration. Sec.	sections 617.1501 & 617.1502, F.S. to deter	rmine pena	dty lia	bility	
11821 Palm I	Beach Blvd, Suite 126-108, Ft Meyers, Fforida 3.	3905				
	(Principal office	ce <u>street</u> address)				
	(Principal offi		-			
	·	ce <u>street</u> address)				
	·					
Impact people	(Current mailing	ce <u>street</u> address) address, if different)		~		
Impact people (Purposets) of	(Current mailing	ce <u>street</u> address) address, if different)		2019		
	(Current mailing with the Gospel thru Sports outreaches, Clinics corporation authorized in home state or country	address, if different) Mission Trips, Semmars, etc. to be carried out in the state of Florida)	<u> </u>	2019 N.A		
Name and st	(Current mailing with the Gospel thru Sports outreaches, Clinics, corporation authorized in home state or country reet address of Florida registered agent: (P.C.)	ce street address) address, if different) , Mission Trips, Semmars, etc. to be carried out in the state of Florida)). Box NOT acceptable)	100. 100. 100. 100. 100. 100.	2019 NAR -	gran.	
Name and st	(Current mailing with the Gospel thru Sports outreaches, Clinics, corporation authorized in home state or country reet address of Florida registered agent: (P.C.)	ce street address) address, if different) , Mission Trips, Semmars, etc. to be carried out in the state of Florida)). Box NOT acceptable)		2019 NAR - 1	Early St.	
Name and st	(Current mailing with the Gospel thru Sports outreaches, Clinics, corporation authorized in home state or country reet address of Florida registered agent: (P.C.)	ce street address) address, if different) , Mission Trips, Semmars, etc. to be carried out in the state of Florida)). Box NOT acceptable)	E PASSE	2019 N.S.R 1, P.N.	Fari	
Name and st	(Current mailing with the Gospel thru Sports outreaches, Clinics, corporation authorized in home state or country reet address of Florida registered agent: (P.C.)	ce street address) address, if different) , Mission Trips, Semmars, etc. to be carried out in the state of Florida)). Box NOT acceptable)		158 - L	E-11	
Name and st	(Current mailing with the Gospel thru Sports outreaches, Clinics corporation authorized in home state or country	ce street address) address, if different) , Mission Trips, Semmars, etc. to be carried out in the state of Florida)). Box NOT acceptable)		MER - 1, PN	E-11	

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]:

A. DIRECTOR			(Chauncee Hollingsworth		
□Chairman	Name: Hen Peters Name: 11821 Palm Reach Blvd	□Chai rm an	Name: Chauncee Hollingsworth 1524 Morgan Ave N			
□Vice Chairman	Address: 124 168	□Vice Chairman	Address: 1524 Morgan Ave N Minneapolis, MN 55411			
■ Director	Suite 126-108	≅ Director	winneap	1001S, IVIN 23411		
■ President	Ft. Meyers, FL 33905	□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	■ Secretary		☐ Treasurer		
□Other:	□ Other:	□ Other:		□ Other:		
□Chairman	Name: Andre Fortune	□Chairman	Name: _			
□Vice Chairman	Address: 2547 Sutherland Ct	□Vice Chairman	Address:			
■Director	Cape Coral, FL 33991	□Director				
□President		□President	 -			
□Vice President		□Vice President				
□Secretary	□Treasurer	☐Secretary		□Treasurer		
□Other:	Other:	Other:		□ Other:		
□Chairman	Name: Aaron Chandler	□Chairman	Name:			
□Vice Chairman	Address: 14708 Hillshire Lane	□Vice Chairman	Address:			
■Director	Burnsville, MN 55306	/ Director				
□President		□President		; G		
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·		
□Secretary	■ Treosurer	□Secretary		□Treasurer		
□Other:	□ Other:	Other:		□ Other:		
	(Eyped or printed name and capacity of page 18 (18 (18 (18 (18 (18 (18 (18 (18 (18	r Florida Department	of State A	nnual Report form.		

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Sports Impact Worldwide

Date Filed: 11/06/1991

File Number: 1G-781

Minnesota Statutes, Chapter: 317A

Home Jurisdiction: Minnesota

This certificate has been issued on: 02/27/2019

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Oteve Pimm Steve Simon Secretary of State

State of Minnesota