## F22000006219

	(Requestor's Name)
	(Address)
	(Åddress)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
<del></del>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
L	

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE: 957329 8392303

AUTHORIZATION

COST LIMIT C:20 \$ 70.00

ORDER DATE: September 15, 2022

ORDER TIME : 2:10 PM

ORDER NO. : 957329-005

CUSTOMER NO: 8392303

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: VICTORY IMPACT INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

## **COVER LETTER**

_	stration Sections ion of Corpor					
SUBJECT:	VICTORY IN	MPACT INC.				
20202011	Name of corporation - must include suffix					
Dear Sir or M	ladam:					
"Certificate of	of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busing	tand	ing" and check are subm		
Please return	all correspon	dence concerning this mat	ter t	o the following:		
Anthony Cad	eiux II					
	<del>.</del>	Name	of P	erson		
Victory Impac	ct Inc.					
		Firm/Co	omp	any		
822 A1A No	rth, Suite 310					
		Ad	dres	SS		
Ponte Vedra	Beach, FL 32	082				
-		City/State	an	d Zip code		
anthony@vic	toryimpact.io					
-		E-mail address: (to be use	d fo	r future annual report no	tification)	
For further in	nformation con	ncerning this matter, pleas	e ca	11:		
Anthony Cad	eiux II	at ( <sup>704</sup>		) 557-6151 Daytime Telepho		
Nam	ne of Person	Area C	ode	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	heck payable to	following amount: : FLORIDA DEPARTME! \$78.75 Filing Fee & Certificate of Status		OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fcc, Certificate of Status &	

Certified Copy

## 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.

,	dopted for the purpose of transacting bus	iness in Florida)	
3			
under the law of which it is incorporated)	(FEI number, if applicat	ole)	
5			
of incorporation)	(Date of duration, if other than perpetual)		
		<del></del>	
(Principal office	e street address)		
		2022 SEC	
(Current mailing	address, if different)	300	
		7-6 17-6	
	Box NOT acceptable)		
Corporation Service Company	<u></u>	PH 12:	
1201 Hays Street		7.2. <b>2</b>	
Tallahassee	— <del>-</del> 51 32301	• • • • • • • • • • • • • • • • • • •	
(City)	, Florida (Zip code)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1505 Suite 310 Ponte Vedra Beach, FL 32082  (Principal office)  (Current mailing)  address of Florida registered agent: (P.O. Corporation Service Company)  1201 Hays Street	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Suite 310 Ponte Vedra Beach, FL 32082  (Principal office street address)  (Current mailing address, if different)  address of Florida registered agent: (P.O. Box NOT acceptable)  Corporation Service Company  1201 Hays Street  Tallahassee , Florida 32301	

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.

A. DIRECTORS				
Chairman	Anthony M. Cadieux II Name:	Chairman	Name: 250 Killarney Dr. Address:	
Vice Chairman	Address:	Vice Chairman		
■ Director	Ponte Vedra Beach, FL 32081	Director	Winter Park, FL 32789	
President		President		
Vice President		Vice President		
Secretary	Treasurer	■ Secretary	Treasurer	
Other CEO	Other	Other	Other	
Chairman	Justin Bruckel	Chairman	Name:	
	2611 West Lake Pd		Address:	
■ Director	Address:	<b>10</b> 1	Address.	
President		B 21		
Vice President		Vice President		
Secretary	■ Treasurer	Secretary	Treasurer	
Other CFO	Other	Other	Other	
Chairman	John Spinner Name:	Chairman	Name:	
	459 Whitebridge Road Address:		Address:	
■ Director	Hampstead, NC 28443	Director	Addicss.	
■ President		President		
Vice President		Vice President		
Secretary	Treasurer	Secretary	Treasurer	
Other	Other	Other	Other	
	Use an attachment to report more than six (6). To added to the index when filing your Florida De		d for reporting purposes only. Non-indexed eport form.	
12 <u></u>	Signature of D	ector or Officer		
she is aware that fi s.817.155, F.S.	ector signing this document (and who is listed in also information submitted in a document to the	number 11 above) affirms th		

Page 1



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

DELAWARE, DO HEREBY CERTIFY "VICTORY IMPACT INC." 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 FIFTEENTH DAY OF SEPTEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VICTORY IMPACT INC." WAS INCORPORATED ON THE FIRST DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

eat core delaware gov/aut

Authentication: 204400061

Date: 09-15-22