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March 15, 2023

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Impact Worldwide Foundation, Inc.

To Whom It May Concern:

Enclosed please find the following:

- Application by Foreign Not for Profit Corporation for Authorization to Conduct Its Affairs in Florida; and
- A check for \$70 for the filing fees payable to the Florida Division of Corporations; and
- A pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or jjohnson@andersonadvisors.com.

Thank you,

Joyce Johnson

COVER LETTER

BUBJECT:	Impact Worldwide Foundation, Inc.		· • · · · · · · · · · · · · · · · · · ·		_
	Name of Corporat	on – must in	clude suffix		
Dear Sir or N	Aadam:				
Affairs in Flo	I "Application by Foreign Not for Proforida", "Certificate of Existence", or "Covereferenced not for profit corporate	Certificate of	Status" and ch	eck are submitte	its d to
Please return	all correspondence concerning this ma	atter to the fo	llowing:		
	Joyce Johnson			·	2023 i
	Name	of Person			2023 LIKR 2 I
	Firm/Company		153	Fii 3: 14	
	3225 McLeod Drive, Suite 100				·
	Ac Las Vegas, Nevada 89121	ldress			
	City/State	and Zip Code	;		
	jjohnson@andersonadvisors.com				
	E-mail address: (to be used for	future annua	l report notifica	ation)	
or further in	nformation concerning this matter, plea	ise call:			
Joyce Johnso	on at	800	706-4741		
	Name of Person	Area Code	Daytime Te	lephone Number	_
Reg Divi P.O.	ing Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314	Regist Division The Co 2415 N	Address: ration Section on of Corpora entre of Talla N. Monroe Str assee, FL 323	ations hassee reet, Suite 810	
Enclosed is a Please make on \$70.00 Fi	t check for the following amount: heck payable to: FLORIDA DEPARTM! ling Fee	□\$78.75 F	TE iling Fec & ed Copy	□\$87.50 Filii Certificate Certified (e of Statu

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

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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:

Nevada (State or cou	ntry under the law of which it is	e corporate name adopted for the purpose of tran	
(State or cou		E10/1/02072 7	
		3. E29621592023-3 (FEI number, if	
2/17/2023	•	, , ,	
	Date of Incorporation)	5. (Date of direction if	other than perpetual)
	Date of Incorporation)	(Date of outation, ii	other man perperual)
03/06/2023			N
Date first cond	ucted affairs in Florida if prior to	registration. See sections 617.1501 & 617.1502, 1	F.S. to determine penalty liability
	et North SUITE 1210, Saint Po		
		(Principal office street address)	N
			4
<u> </u>		Current mailing address, if different)	
living in a drug medication-as	g and alcohol-freeenvironment, deve sisted treatment, or experiencing he	ensitional and permanent residentialhousing accommodelopmentally disabled, battered, or experiencing mental busing insecurities.	Health Issuesicocionis
living in a drug medication-as urpose(s) of	3 and alcohol-freeenvironment, deversited treatment, or experiencing ho corporation authorized in home	elopmentally disabled, pattered, or experiencing mema-	dations for individuals who are health issuesreceiving
fiving in a drug medication-as Purpose(s) of Name and <u>str</u>	3 and alcohol-freeenvironment, deversited treatment, or experiencing ho corporation authorized in home	elopmentally disabled, pattered, of experiencing manual pusing insecurities. state or country to be carried out in the state of I ered agent: (P.O. Box NOT acceptable)	dations for individuals who are health issuesreceiving
fiving in a drug medication-as Purpose(s) of Name and str Name:	a and alcohol-freeenvironment, deversisted treatment, or experiencing he corporation authorized in home reet address of Florida register Anderson Registered Agents, 1	elopmentally disabled, pattered, of experiencing manual pusing insecurities. state or country to be carried out in the state of I ered agent: (P.O. Box NOT acceptable) Inc.	dations for individuals who are health issuesreceiving
fiving in a drug medication-as Purpose(s) of Name and str Name:	a and alcohol-freeenvironment, deversisted treatment, or experiencing ho corporation authorized in home reet address of Florida registers.	elopmentally disabled, pattered, of experiencing manual pusing insecurities. state or country to be carried out in the state of I ered agent: (P.O. Box NOT acceptable) Inc.	dations for individuals who are health issuesreceiving

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	Marvin Yearwood	□Chairman	Name:				
☐ Chairman	Name: 4604 49th Street North	□ Vice Chairman	4604 49th Street North				
□Vice Chairman	Address:SUITE 1210	Es vice Chairman	SUITE 1210				
Director		■ Director					
President	Saint Petersburg, FL 33709	□President	Saint Petersburg, FL 33709				
□Vice President		□Vice President					
☐Secretary	Treasurer	Secretary	Treasurer =				
Other:	Other:	Other:	☐Other:				
☐ Chairman	Vanessa Thomas	□ Chairman	Name:				
□Vice Chairman	Address: 4604 49th Street North	□ Vice Chairman	Address:				
Director	SUITE 1210	Director	023				
□President	Saint Petersburg, FL 33709	□President	AR T				
■Vice President		☐ Vice President					
Secretary	☐Treasurer	Secretary	Treasurer 2				
□Other:	Other:	□Other:	Other:				
□ Chairman	Name:	☐ Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director		Director					
□President		☐President					
□Vice President		□ Vice President					
Secretary	☐Treasurer	☐ Secretary	Treasurer				
Other:	Other:	□Other:	Other:				
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Marvin Yearwood, President (Typed or printed name and capacity of person signing application)							

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Impact Worldwide Foundation, Inc.**, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/17/2023, and is in good standing in this state.



Certificate Number: B202303063447015

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF. I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/06/2023.

FRANCISCO V. AGUILAR Secretary of State