## LOBOCCOSOUB

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
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SECRETARY OF STATE

## · COVER LETTER

10: Registration 8 Division of Co				
<sub>SUBJECT:</sub> Email \	With Impact			
	(Name of Limit	ed Liability Comp	any)	in the second of
The enclosed Articles of	f Organization and fee(s) are	submitted for filin	g.	
Please return all corresp	ondence concerning this matt	ter to the following	g:	
Todd T. Mo	organ			
		(Name of Person)		
Email With	lmpact			
	***************************************	(Firm/Company)		
2385 NW I	Executive Center D	rive #100		
	-	(Address)		
Boca Rato	n, Florida 33431			
	(Cit	y/State and Zip Cod	le)	
For further information	concerning this matter, please	e call:		
Todd Morgan		<sub>at (</sub> 561	, 981-267	<b>7</b> 6
(Name	of Person)	(Area Co	de & Daytime Te	lephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	\$155.00 Filic Certified Co (additional cop		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton l 2661 Ex	Courier Addressition Section of Corporation Building Eccutive Center See. FL 32301	ns



March 5, 2008

TODD T. MORGAN 2385 NW EXECUTIVE CENTER DRIVE, #100 BOCA RATON, FL 33431

SUBJECT: EMAIL WITH IMPACT Ref. Number: W08000011641

We have received your document for EMAIL WITH IMPACT and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 408A00013765

Lestie Sellers Regulatory Specialist II

Division of Comparations DO DOV 6227 Tallahaggas Florida 22214

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Email With Impact LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Email With Impact LLC	Email With Impact LLC
2385 NW Executive Center Dr. #100	2385 NW Executive Center Dr. #100
Boca Raton, Florida 33431	Boca Raton, Florida 33431
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistored agent are.
<u>Todd T. Morgan</u>	
Name	
2385 NW Executive	e Center Dr. #100
Florida street add	ress (P.O. Box NOT acceptable)
Boca Raton,	<sub>FL</sub> 33431
City, State, a	nd Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

2008 HAR 25 PM 12: 32

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Managing Member  MGRM  Marie Morgan  2385 NW Executive Center Dr. #100  Boca Raton, FL 33431  MGR  Todd Morgan  2385 NW Executive Center Dr. #100  Boca Raton, FL 33431  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"MCD" - M	anacer	Name and Address:
MGR  Todd Morgan  2385 NW Executive Center Dr. #100  Boca Raton, FL 33431  Todd Morgan  2385 NW Executive Center Dr, #100  Boca Raton, FL 33431  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		_	
MGR  Todd Morgan 2385 NW Executive Center Dr, #100 Boca Raton, FL 33431  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGRM		Marie Morgan
MGR  Todd Morgan  2385 NW Executive Center Dr, #100  Boca Raton, FL 33431  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days processing to the specific and cannot be more than five business days process.	*		2385 NW Executive Center Dr. #100
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Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	CLE V: Effective date in the days after the days af	tive date, if other than is listed, the date much date of filing.)  2 SIGNATURE:  Signature of a median of this document of that the facts sta	ember or an authorized representative of a member.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)