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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Impakt LLC**

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

IMPAKT LLC

**ARTICLE II ADDRESS**

The street address of the principal office of the Limited Liability Company is:

2636 WEST GRAND RESERVE CIRCLE #927  
CLEARWATER, FLORIDA 33759

The mailing address of the Limited Liability Company is:

PO BOX 4535  
CLEARWATER, FLORIDA 33759

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

KRISTIN ASHLEY  
2636 WEST GRAND RESERVE CIRCLE #927  
CLEARWATER, FLORIDA 33759

Having been named as registered agent 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.

x. Kristin A. Ashley  
KRISTIN ASHLEY Registered Agent's signature

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IMPAKT LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

KRISTIN NOEL ASHLEY

PO BOX 4535

CLEARWATER, FLORIDA 33759

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X Kristin N. Ashley

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.

KRISTIN NOEL ASHLEY