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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

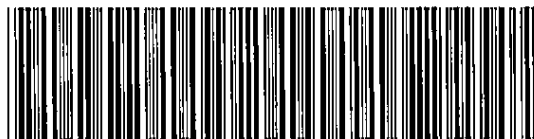
(Business Entity Name)

(Document Number)

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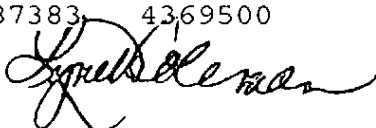
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. FASON

JUL 02 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 887383 4369500
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : June 30, 2021
ORDER TIME : 11:05 AM
ORDER NO. : 887383-005
CUSTOMER NO: 4369500

DOMESTIC FILING

NAME: IMPACT ANALYTICS, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

OF

IMPACT ANALYTICS, LLC

These Articles of Organization of Impact Analytics, LLC, are being executed and filed by the undersigned, as the organizer, for the purpose of organizing a limited liability company under the Florida Revised Limited Liability Company Act.

1. The name of the limited liability company is Impact Analytics, LLC.
2. The mailing address and street address of the principal office of the limited liability company is 2500 Weston Road, Suite 101, Weston, Florida 33331.
3. The name and the Florida street address of the registered agent are Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

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 605, F.S.

s/ Corporation Service Company *Anthony Wiland, assistant vice president*
Registered Agent's Signature

4. The name and address of the sole member is Todd Cohen, 2500 Weston Road, Suite 101, Weston, Florida 33331. Such sole member is authorized to manage and control the limited liability company.
5. These Articles of Organization shall become effective as of the date of filing hereof.

s/ Michael Hacker
Authorized Person

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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