Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

AUG 2 9 2012

From:

Account Name : HARVARD BUSINESS SERVICES, INC. L. SELLERS

Account Number : 120080000045

: (302)645-7400 Phone Fax Number : (302)645-1280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

william.burckart@gmail.com

RECEIVED

Foreign Limited Liability Company Impact Economy North America LLC

| Certificate of Status | 1 |
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Corporate Filing Menu

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 608.503, FLORE LIMITED LIABILITY COMPANY TO TRANSACT BUSI | IDA STATUTES, THE NESS IN THE STATE | E POLLOMING IS SUBMITTED TO REGISTER A FOREIGN FOFFLORIDA: | |
|--|---|---|--|
| • | | | |
| (Name of Foreign Limited Liability Company | ry; must include "Lil | America LLC nited Liability Company," "L.L.C.," or "LLC") | |
| (If name unavailable, enter alternate name adopted consent of the managers or managing members ado Company," "L.L.C." "LLC.") | for the purpose of the pring the alternate m | ansacting business in Florida and attach a copy of the written ame. The alternate name must include "Limited Liability. | |
| 2. Delaware | 3. | 46-0548214_ | |
| 2. Delaware (Jurisdiction under the law of which foreign limit company is organized) | | 46-0548214 (FEI number, if applicable) | |
| 4. July 11, 2012 (Date of Organization) | 5, | perpetual uration: Year limited liability company will cease to | |
| (Date of Organization) | (D | uration: Year limited liability company will cease to ist or "perpetual") | |
| 6. No business transacted in Florida pr | for to registration | חפ | |
| (See sections 608,501 & | usiness in Florida, 11 608,502 F.S. to deu | prior to registration.) Trinios penalty liability) | |
| 7. 301 Clematis Street, Suite 3000 | | | |
| West Palm Beach, FL 33401 | | , | |
| (Si | rest Address of Prin | etpal Office) | |
| 8. If limited liability company is a manage | r-managed comp | any, check here | |
| 9. The name and usual business addresses | of the managing | members or managers are as follows: | |
| William E. Burckart III, 301 Clemati | s Street, Suite 3 | 000, West Palm Beach, FL 33401 | |
| Maximilian Martin, 301 Clematis St | reet, Suite 3000 | , West Palm Beach, FL 33401 | |
| | | | |
| 10. Attached is an original certificate of existence, no the jurisdiction, under the law of which it is organized translation, of the certificate under eath of the translation. | (A photocopy is not | i, duly authenticated by the official having custody of records in acceptable. If the certificate is in a foreign language, a | |
| 11. Nature of business or purposes to be co | unducted or prom | oted in Florida: | |
| | Any legal purp | OSO | |
| Cold | 1 Contract | 13 m | |
| Signature of a memi | er or an authoriz | of representative of a member. | |
| (In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the possition of porjury that the force stated herein are true.) | | | |
| • | | lanaging Member | |
| | d or printed name | | |

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | | | |
|---|--|----------------|------------------|
| Impact Economy North America LLC | | | |
| If unavailable, the alternate to be used in the state of Florida is: | | | |
| 2. The name and the Florida street address of the registered agent and office are: | | | |
| William E. Burckart III | | | |
| (Name) | | | |
| 301 Clematis Street, Suite 3000 | | | |
| Florida Surest Address (P.O. Box NOT ACCEPTABLE) | | | |
| West Palm Beach, FI, 33401 | | | |
| City/State/Zip | | | |
| Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all serilating to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent as provided for in Chapter 608, Florida Statu | t as regis statutes ecept the | tered | |
| (Signature) | SECRETA | 12 AUG 2 | |
| \$ 100.00 Filing Fee for Application | 335 735 735 735 735 735 735 735 735 735 | င၁ | TOWNSHAME STREET |
| \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) | OF S E.FL | Z | [] |
| \$ 5.00 Certificate of Status (optional) | STATE LORIDA | යා ආ | قريرة |

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPACT ECONOMY NORTH AMERICA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPACT ECONOMY NORTH AMERICA LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2012.

5181934 8300

120978672



AUTHENTICATION: 9809975

DATE: 08-28-12