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B. BOSTICK OCT **3** 1 2012

EXAMINER

COVER LETTER

TO:

SUBJI	ECT: Imp	pact Power Technologies, LLC		
		Name of Limited Liability Company		
		mited Liability Company for Authorization to Transact Business in Flor ister the above referenced foreign limited liability company to transact be		
Please	return all correspondence concerni	ing this matter to the following:		
		Curtis L. Quinter	_	
		Name of Person		
		Impact Power Technologies, LLC		
		Firm/Company		
		7982 SW Jack James Drive		
		Address		
		Stuart, FL 34997		
		City/State and Zip Code		
	C	quinter@impactpowertech.com	ن ت	
	E-mail	address: (to be used for future annual report notification)		• 1
For fu	ther information concerning this m			
	Curtis L. Quin	ter _{at} 772) 210-2286		1
	Name of Perso	n Area Code & Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

1. Impact Power Technologies, LLC (Name of Foreign Limited Liability Company; must include	
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Commonwealth of Massachusetts 3.	455284657
(Jurisdiction under the law of which foreign limited liability company is organized)	455284657 (FEI number, if applicable)
4. June of 2012 5.	Perpetual (Duration: Year limited liability company will cease to
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. None transacted	ment of the second
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7 145 Wood Road	E CO may
D	grand to a series of the serie
Braintree, MA 02184	Principal Office)
8. If limited liability company is a manager-managed c	
9. The name and usual business addresses of the management Manager - Alan Bravermen / Richard J. Valer	ntine - 145 Wood Rd, Braintree, MA 02184
Members - Curtis L Quinter - 7982 SW Ja Member - Ken Murphy - 145 Wood Rd,	The second secon
10. Attached is an original certificate of existence, no more than 90 days the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submit	s not acceptable. If the certificate is in a foreign language, a tted.)
11. Nature of business or purposes to be conducted or purposes. development, manufacture, test. distribution, and sale ad any other expensions.	
Signature of a member or an auth (In accordance with section 608.408(3), F.S., the executi penalties of perjury that the facts stated herein are true document to the Department of State constitutes a	orized representative of a member. on of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
Curtis L. Q	uinter - President

Typed or printed name of signee

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 Power Technologies, LLC	<u> </u>
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:	12 OCT S
Curtis L. Quinter	
(Name)	
7982 SW Jack James Dr	PRI2: 47
Florida Street Address (P.O. Box NOT ACCEPTABLE)	3 2
Stuart _{FL} 34997	
City/State/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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

October 25, 2012

TO WHOM IT MAY CONCERN:

16175231009

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

IMPACT POWER TECHNOLOGIES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 11, 2012.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: ALAN BRAVERMAN, RICHARD J. VALENTINE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ALAN BRAVERMAN, RICHARD J. VALENTINE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ALAN BRAVERMAN, RICHARD J. VALENTINE

In testimony of which,

I have hereunto affixed the

Great Scal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

