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ACCOUNT NO. : 12000000195 REFERENCE: 016665 7853655 AUTHORIZATION \$, 125.00 COST LIMIT : ORDER DATE: February 17, 2014 ORDER TIME : 9:01 AM ORDER NO. : 016665-005 CUSTOMER NO: 7853655 FOREIGN FILINGS NAME: IMPAKTU, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

COVER LETTER

UBJECT:	Impaktu, LLC	Name of L	imited Liability Com	pany	· · · · · · · · · · · · · · · · · · ·
ha1	al H A and Constant for the		•	, -	and Davis and Start L. N.C. 45
cistence, a	nd check are submitt	ed to register the above ref	erenced foreign limit	ed liability	nsact Business in Florida," Certific company to transact business in l
case return	n all correspondence	concerning this matter to the	he following:		
	,	,			
	Carly Bellis				
		1	Name of Person		
	impaktu, LLC				
			Firm/Company		
	3390 Mary Str	eet, Suite 116			
			Address		
	Coconut Grove	e, FL 33133			
	<u></u>	City/s	State and Zip Code		
	finance@impa	ktu.com			
		E-mail address: (to be use	ed for future annual r	eport notifi	ication)
r further is	nformation concerning	ig this matter, please call:			
Ca	rly Bellis		at (⁹¹⁷	、841-553	19
	Name	of Person	Area Code	Daytim	e Telephone Number
Div	ILING ADDRESS: ision of Corporations istration Section	Divisi	ET ADDRESS: on of Corporations ration Section		
	. Box 6327	Clifton	n Building		
Tall	ahassee, FL 32314		Executive Center Circ assee, FL 32301	cle	
closed is	s a check for the f	following amount:			
☑ S	125.00 Filing Fee	□\$130.00 Filing Fee &	□ \$155.00 Filing	Fee &	■\$160,00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATULIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	TTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGH HE STATE OF FLORIDA
Impaktu, LLC	E SIMBOL LENGTE
(Name of Foreign Limited Liability Company; must incl	ude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpoconsent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the written emate name. The alternate name must include "Limited Liability
2. Delaware	3. 45-3664910
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. March 3, 2014	
(Date first transacted business in F (See sections 605.0904 & 605.0905,	orida, if prior to registration.) F.S. to determine penalty liability)
5. 3390 Mary Street, Suite 116	
Coconut Grove, FL 33133	
(Street Address	s of Principal Office)
6. 3390 Mary Street, Suite 116	
Coconut Grove, FL 33133	
(Maili	ng Address)
7. The name, title or capacity and address of the per-	son(s) who has/have authority to manage is/are:
Carly Bellis, Managing Member - 3390 Mary Street, Suite	116, Coconut Grove, FL 33133
Javier Salom, Managing Member - 3390 Mary Street, Sui	te 116, Coconut Grove, FL 33133
 Attached is an original certificate of existence, no more than 90 in the jurisdiction under the law of which it is organized. (A photo translation of the certificate under eath of the translator must be sub- 	
Cars	Belly
2	n authorized person
penalties of perjury that the facts stated herein are tr	ntion of this document constitutes an affirmation under the ue. I am aware that any false information submitted in a s a third degree felony as provided for in s.817.155, F.S.)
	d name of signee

FILED

OILFEB 18 AM 9: 09

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 nam	ne of the Limited Liability C	Company is:		
Impaktu, LLC	c			
If unavailab	ole, the alternate to be used i	in the state of Florida is:		
2. The nam	e and the Florida street add	ress of the registered agent and office are:		
	Corporation Service Company			
	(Name)			
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301		
		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 605, Florida Statutes.

Corporation Service Company

Sue G. Knight

Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FILL BUSINESSECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IMPAKTU, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPAKTU, LLC"
WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5042770 8300

140185901

Jeffrey W Bullock, Secretary of St AUTHENTACATION: 1138535

DATE: 02-17-14

You may verify this certificate online