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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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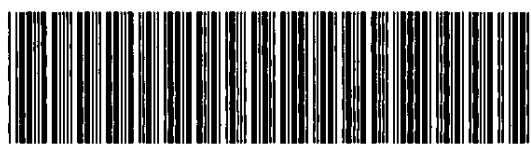
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 11 2015

Lyons
& Lyons, P.A.
LAW OFFICES

"A Multi-Generational Commitment to Service & Quality"

VIA FEDERAL EXPRESS

September 8, 2015

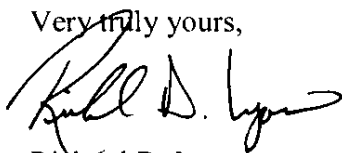
Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Impact Zone Enterprises, LLC
Our File No. 215-0046**

Dear Sir/Madam:

Enclosed herewith please find cover letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Certificate of Existence together with check of this office in the amount of \$125.00 which represents filing fee for same. If you require anything further please do not hesitate to contact me.

Very truly yours,



Richard D. Lyons

RDL/cls

4838-1238-0712, v. 1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Impact Zone Enterprises, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Richard D. Lyons, Esq.

Name of Person

Lyons & Lyons, P.A.

Firm/Company

27911 Crown Lake Boulevard, Suite 201

Address

Bonita Springs, FL 34135

City/State and Zip Code

mclampett@impactzonegolf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard D. Lyons

239

948-1823

Name of Contact Person

at (_____) _____

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Impact Zone Enterprises, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Impact Zone Golf - Enterprises, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3821600
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1040 Collier Center Way, Suite 13
Naples, FL 34110
(Street Address of Principal Office)
6. P.O. Box 1001
Bonita Springs, FL 34134-3909
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Marianna P. Clampett
Office Address: 1040 Collier Center Way, #13
Naples, Florida 34110
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marianna P. Clampett
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Marianna P. Clampett, Manager, 1040 Collier Center Way, Suite 13, Naples, FL 34110

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Marianna P. Clampett
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Marianna P. Clampett

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

IMPACT ZONE ENTERPRISES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 23rd day of July, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of September, 2015.

Elaine F. Marshall

Secretary of State