| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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UNDERWOOD & ROBERTS, PLLC

ATTORNEYS AT LAW

A PROFESSIONAL LIMITED LIABILITY COMPANY INCLUDING A PROFESSIONAL ASSOCIATION

Toll Free Telephone: 866-343-7874 E-mail: runderwood@rlulaw.com www.rlulaw.com

Research Triangle Office 3110 Edwards Mill Road, Suite 100 Raleigh, NC 27612 Tei: (919) 664-8803 Fax: (919) 664-8975

> Florida Office 5728 Major Blvd. Suite 550 Orlando, FL. 32819 Tel: (407) 354-3420 Fax. (407) 354-3840

Southern California/Nevada Office 7251 West Lake Mead Blvd, Suite 530 Las Vegas, NV 89128 Tel: (702) 699-7333 Fax: (702) 699-7377

> Kentucky Office 175 E. Main St. Suite 200 Lexington, KY 40507 Tel: (866) 343-7874

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Rachel E. Harrell Δ
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David S. Cohen ¶, Of Counsel
Shannon L. Evans #, Of Counsel

* Licensed in D C & FL only
† Licensed in NC, KY, & GA only
* Licensed in NC & SC only
\$\Delta\$ Licensed in NC only
\$\Pi\$ Licensed in FL & GA only
Licensed in CA & NV only
Licensed in NC, FL, TN & GA only

June 2, 2016

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

RE: IMPACT FULFILLMENT SERVICES, LLC

Dear Sir/Madam:

Enclosed is the following to Foreign Qualify the above entity in the state of Florida

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Delaware Certificate of Existence
- Check in the amount of \$125 to file the document

If there are any questions regarding this filing, please contact me. Thank you for your assistance.

Andrea Cook acook@rlulaw.com

3110 Edwards Mill Road, Suite 100 Raleigh, NC 27612

Tel: 919-664-8803 or 866-343-7874

Fax: 919-664-8975

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: | | LFILLMENT SERVICES, | LLC | - |
|--|---|---|--|----------------------------------|
| | Name of I | Limited Liability Company | | |
| The enclosed "Application by Existence, and check are sub- | y Foreign Limited Liability Comparited to register the above refere | pany for Authorization to Trenced foreign limited liabili | ransact Business in Florida, ty company to transact busing | " Certificate of ness in Florida |
| Please return all corresponde | nce concerning this matter to the | following: | | |
| | AN | DREA COOK | | |
| | N | ame of Person | | - |
| | UNDERWOO | OD & ROBERTS, PLLC | | |
| | Fi | rm/Company | | - |
| | 3110 EDWARI | OS MILL ROAD, SUITE 1 | 00 | |
| | | Address | | - |
| | RALE | IGH, NC 27612 | | |
| | City/S | tate and Zip Code | | - |
| | | @RLULAW.COM | | |
| | E-mail address: (to be used | for future annual report no | tification) | - |
| For further information conce | erning this matter, please call: | | | |
| A | ANDREA COOK | 919 664- | 8803 | |
| Na | me of Contact Person | | ytime Telephone Number | - |
| MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323 | tions | Division Registra Clifton I 2661 Ex | T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301 | |
| Enclosed is a check for the fo | | □ \$155.00 Filing Fee & Certified Copy | □ \$160.00 Filing Fee, C of Status & Certified Co | |

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

| iability Company," "L.L.C," o | nate name adopted for the purpose of transacting bur "LLC.") | siness in Florida. T | he alternate nan | ne must | include "Lim |
|--|---|---|---|--------------------------|---------------|
| DELAWARE | 3. | | | | |
| (Jurisdiction under the law of company is organized) | which foreign limited liability | (FEI numb | er, if applicable) | | |
| Tompan, a toguniza, | 04/01/2016 | | | | |
| | (Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to dete | ior to registration.) rmine penalty liabil | lity) | - | |
| · | 1601 ANTHONY ROAD | <u> </u> | | _ | |
| | BURLINGTON, NC 27216 | | | | |
| | (Street Address of Principal Office) | | | - | |
| · <u></u> | 1601 ANTHONY ROAD | | **** | Ç. | |
| | BURLINGTON, NC 27216 | | 23 | - 1995 1995 1995 | - n |
| | (Mailing Address) | | 27.25 20.20 | | |
| . Name and street address of | of Florida registered agent: (P.O. Box NOT ac | ceptable) | Ho | W | m |
| Name: | UNDERWOOD & ROBERTS, PLLC | <u> </u> | FLO FLO | ≥ | O |
| Office Address: | 5728 MAJOR BLVD., SUITE 550 | | ATE | : 29 | |
| Office Address: _ | | | | _ | |
| Office Address: _ | ORLANDO | Florida | حب 32819 | ** | |
| egistered agent's acceptal | (City) | , Florida | (Zip code) | - | apany at the |
| egistered agent's acceptantial | (City) nce: stered agent and to accept service of process for it. In the proper and composition as registered agent. (Registered agent's signates and address of the person(s) who has/have at | or the above state red agent and agr plete performanc ure) | (Zip code) ed limited liabi ee to act in the ee of my duties | lity con is capac | city. I furth |
| degistered agent's acceptantial acceptantial acceptantial acceptance in this application of accept the obligations of my accept the acceptance of the accept | (City) nce: stered agent and to accept service of process for it. In the proper and composition as registered agent. (Registered agent's signates and address of the person(s) who has/have at | or the above state red agent and agr plete performanc ure) | (Zip code) ed limited liabi ee to act in the ee of my duties | lity con is capac | city. I furth |
| degistered agent's acceptant as registered agent's acceptant as registering been named as registering estimated in this application comply with the provisions of my accept the obligations of my accept the obligations of my acceptance. The name, title or capacity of the orea of the obligations of the obligations of my acceptance. | (City) nce: stered agent and to accept service of process for it. In the proper and composition as registered agent. (Registered agent's signates and address of the person(s) who has/have at | or the above state red agent and agr plete performanc ure) | (Zip code) ed limited liabi ee to act in the ee of my duties | lity con is capac | city. I furth |

JOHN T. PORTERFIELD

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IMPACT FULFILLMENT SERVICES, 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 SIXTEENTH DAY OF MAY, A.D. 2016.

at core delaware gov/aut

Authentication: 202322622

Date: 05-16-16