M1800000307

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
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J. LEGGETT



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 26, 2017

DONNA SMITH 3047 CONSTELLATION DRIVE MELBOURNE, FL 32940 US

SUBJECT: IMPACT SERVICES GROUP LLC

Ref. Number: W17000101447

We have received your document for IMPACT SERVICES GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 717A00026069

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JAN 1 1 2018

COVER LETTER

TO:

Registration Section

Div	, ision of Corporation	18					
SUBJECT:	MPACT SERVICES	S GROUP LLC			1		
		Name of	Limited Liability C	Company			
		eign Limited Liability Comp d to register the above refer					
Please return	all correspondence of						
	Donna Smith				l		
		Name of Person					
	Firm/Company						
	3047 Constellat	tion Drive					
	Address					•	
	Melbourne, FL						
	marcus4mpact@						
		E-mail address: (to be used	d for future annual	report not	tification)	•	
For further in	nformation concernin	g this matter, please call:					
Donna Smith			917 at (497418	8		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	•	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division	FADDRESS: of Corporations ion Section		
				2661 Executive Center Circle Tallahassee, FL 32301			
	t check for the follow 125.00 Filing Fee	ing amount: \$\Bigsim \text{\$\frac{1}{2}\text{\$130.00 Filing Fee & Certificate of Status}}\$	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co		

Control Number: 0636123

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MPACT SERVICES GROUP LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 15007112 Date Inc/Auth/Filed: 04/26/2006 Jurisdiction : Georgia Print Date : 01/03/2018

Form Number : 211



Brian P. Kemp Secretary of State