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| (Re                     | questor's Name)   |           |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
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### COVER LETTER

| TO:     | Registration Section Division of Corporation   | 15   |                                    |  |  |  |
|---------|--|--|------------------------------------|--|--|--|
|         | Impact MHC Mana  |  |                                    |  |  |  |
| SUBJE   | CT:  |  | Limited Liability (                | Company  |  |  |
|         |  |  |                                    |  | ansact Business in Florida," (<br>company to transact busine                     |  |
| Please  | return all correspondence o  | concerning this matter to the  | following:                         |  |  |  |
|         | Jackie Hutchin   | son  |                                    |  |  |  |
|         | <del></del>  | N  | ame of Person                      |  |  |  |
|         | Impact MHC N   | lanagement, LLC  |                                    |  |  |  |
|         |  | Fi   | irm/Company                        |  |  |  |
|         | P.O. Box 457   |  |                                    |  |  |  |
|         |  |  | Address                            | <del></del>                                    |  |  |
|         | Cedaredge, CC  | 81413  |                                    |  |  |  |
|         |  | City/S   | tate and Zip Code                  |  |  |  |
|         | jackie.hutchinsor  | n@rvhmanagement.com and  | d rpoutre@rvhmar                   | agement.c                                      | eom  |  |
|         | <del></del>  | E-mail address: (to be used  | d for future annual                | report not                                     | ification)   |  |
| For fur | her information concernin  | g this matter, please call:  |                                    |  |  |  |
|         | Impact MHC Managem   | ent, LLC   | 970<br>at (                        | 856-74   | 74 X 302   |  |
|         | Name o   | of Contact Person  | Area Code                          | Day  | time Telephone Number  |  |
|         | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  |                                    | Division<br>Registrat<br>Clifton B<br>2661 Exe | CADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, FL 32301 |  |
| Enclose | d is a check for the follow<br>量 \$125.00 Filing Fee   | ring amount:  \$\Bigsize \text{\$\sum \$130.00 Filing Fee & Certificate of Status}\$ | □ \$155.00 Filir<br>Certified Copy | ıg Fee &                                       | ☐ \$160.00 Filing Fee, Cer of Status & Certified Copy                            |  |



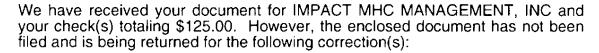
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2018

JACKIE HUTCHINSON PO BOX 457 CEDAREDGE, CO 81413

SUBJECT: IMPACT MHC MANAGEMENT, INC

Ref. Number: W18000074546



The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The registered agent must sign accepting the designation.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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 your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.



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

| i impact into a managem  | ient LLC  |  |  |
|--|---|--|--|
| (Name of Foreign   | Limited Liability Company; must include "Limite   | ed Liability Company," "L.L.C.," or "LL  | C.")   |
| If name unavailable, enter alternate n   | ame adopted for the purpose of transacting business in Flo  | orida. The alternate name must include "Limited  | Liability Company," "L L C," or "LLC ")  |
| yoming Wyoming   | , , , , ,   | 3 83-0699042   |  |
| (Jurisdiction under the law of w   | nich foreign limited liability company is organized)  |  | number, if applicable)   |
| 4. 10/1/2018   |   |  |  |
|  | (Date first transacted business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determ  | registration.)<br>(ne penalty liability)   |  |
| 5. 110 NW 2nd Street   |   | 6. P.O. Box 457  |  |
| (Street Address of F<br>Cedaredge, CO 81413  | Principal Office)   | (Mailing<br>Cedaredge, CO 81413  | Address)   |
| Cedaredge, CO 81413  | <del></del>   | ecuareage, co 61415  |  |
| -  |   |  | ASEC B   |
| 7. Name and street addres  | ss of Florida registered agent: (P.O. Box   | ( <u>NOT</u> acceptable)   | FILI<br>2018 AUG 31<br>SECRETARY<br>TALLAHASSI   |
| Name:  | David Reynolds  |  | ASSER 31   |
| Name.  |   | · · · · · · · · · · · · · · · · · · ·  | 711  |
| Office Address:  | 8975 W. Hall River road   |  | AH IO:   |
|  | Homosassa   | Florida <u>34448</u>   | gga <b>5</b>   |
| Having been named as re<br>lesignated in this applica<br>o comply with the provisi   | (Cny) itance: rgistered agent and to accept service of ition, I hereby accept the appointment a ions of all statutes relative to the propel s of my position as registered agent.   | (/ij<br>process for the above stated lim<br>is registered agent and agree to   | ited liability company at the plac<br>act in this capacity. I further ag   |
| Having been named as re<br>designated in this applica<br>to comply with the provisi  | tance: rgistered agent and to accept service of tion, I hereby accept the appointment a ions of all statutes relative to the propel s of my position as registered agent.   | process for the above stated lim is registered agent and agree to r and complete performance of i  | ited liability company at the plac<br>act in this capacity. I further ag   |
| designated in this applica<br>to comply with the provisi   | tance:<br>egistered agent and to accept service of<br>tion, I hereby accept the appointment a<br>ions of all statutes relative to the prope   | process for the above stated lim is registered agent and agree to r and complete performance of i  | ited liability company at the plac<br>act in this capacity. I further ag   |
| Having been named as redesignated in this applicate to comply with the provisiond accept the obligation.  8. The name, title or capa   | otance: registered agent and to accept service of stion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's   | process for the above stated lim is registered agent and agree to r and complete performance of i  | ited liability company at the place act in this capacity. I further agony duties, and I am familiar with   |
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| Having been named as redesignated in this applicate to comply with the provise and accept the obligation.  8. The name, title or capatitle or Capacity:  Managing Member  (Use attachments if neces particularly in the capacity).   | chance:  registered agent and to accept service of tion, I hereby accept the appointment at ions of all statutes relative to the propers of my position as registered agent.  (Registered agent's acity and address of the person(s) who have and Address:  David Reynolds  110 NW 2nd St Cedaredge, CO  81413  registered agent's acity and address:  2 David Reynolds  110 NW 2nd St Cedaredge, CO  81413  registered agent's acity and address:  2 David Reynolds  110 NW 2nd St Cedaredge, CO  81413  registered agent's acity agent's agent's acity and address:  1 David Reynolds  1 On St Cedaredge, CO  2 On St Cedaredge, CO  3 On St Cedaredge, CO  4 On | process for the above stated lim as registered agent and agree to r and complete performance of the signature as/have authority to manage is/ar Title or Capacity:   | ited liability company at the place act in this capacity. I further ageny duties, and I am familiar with the second secon |
| Having been named as redesignated in this applicate to comply with the provise and accept the obligation.  8. The name, title or capa Title or Capacity:  Managing Mambe A  (Use attachments if neces jurisdiction under the law of the translator must be s  10. This document is executed. | chance:  registered agent and to accept service of tion, I hereby accept the appointment at ions of all statutes relative to the propers of my position as registered agent.  (Registered agent's acity and address of the person(s) who have and Address:  David Reynolds  110 NW 2nd St Cedaredge, CO  81413  registered agent's acity and address:  2 David Reynolds  110 NW 2nd St Cedaredge, CO  81413  registered agent's acity and address:  2 David Reynolds  110 NW 2nd St Cedaredge, CO  81413  registered agent's acity agent's agent's acity and address:  1 David Reynolds  1 On St Cedaredge, CO  2 On St Cedaredge, CO  3 On St Cedaredge, CO  4 On | process for the above stated lim as registered agent and agree to r and complete performance of the signature as/have authority to manage is/ar Title or Capacity:  duly authenticated by the official te is in a foreign language, a trans (3 (1) (b), Florida Statutes, I am a | ited liability company at the place act in this capacity. I further aging duties, and I am familiar with the example and Address:  Name and Address:  I having custody of records in the slation of the certificate under oat ware that any false information  |

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## Impact MHC Management, LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 25**, **2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000805261**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of August, 2018 at 10:27 AM. This certificate is assigned 027527019.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.