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10/7/2020 Division of Corporations H20000349936 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______________________________

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Foreign Limited Liability Company
IMPACT MOLDING CLEARWATER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

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OCT 14 2020

T. LEMIEUX

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Impact Molding Clearwater 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.

Jennifer Bauer
Name of Person

The Law Office of Jennifer Bauer
Firm/Company

1901 S. Calumet Ave., Suite 1301
Address

Chicago, Illinois 60616
City/State and Zip Code

jb@jenniferbauer.legal
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

Jennifer Bauer at (773) 641-1165
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ $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

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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 Molding Clearwater LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3944263
(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. 1501 Oakton St.
(Street Address of Principal Office)
Elk Grove Village, IL 60007

6. 1501 Oakton St.
(Mailing Address)
Elk Grove Village, IL 60007

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2020 OCT 13 PM 4:49

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

Name. Corporation Service Company

Office Address. 1201 Hays Street

Tallahassee (City), Florida 32301 (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.

Corporation Service Company

By. [signature] Amanda Robinson, Assistant Vice President
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☒ Manager	Name. Blake Prunsky	☒ Manager	Name. Kevin Prunsky
☐ Member	Address. 1501 Oakton St.	☐ Member	Address. 1501 Oakton St.
☐ Authorized Person	Elk Grove Village, IL 60007	☐ Authorized Person	Elk Grove Village, IL 60007
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name.	☐ Manager	Name.
☐ Member	Address.	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name.	☐ Manager	Name.
☐ Member	Address.	☐ Member	Address.
☐ Authorized Person		☐ Authorized Person	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

Signature of an authorized person

Blake Prunsky

Typed or printed name of signee

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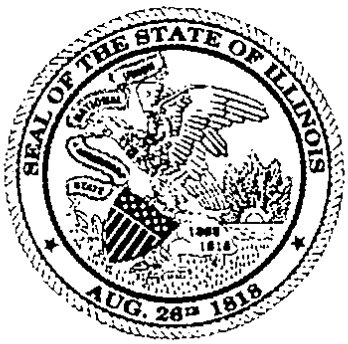
File Number 0832237-6

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

IMPACT MOLDING CLEARWATER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 05, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 7TH *day of* OCTOBER *A.D.* 2020 .

Jesse White

SECRETARY OF STATE

Authentication #: 2028100472 verifiable until 10/07/2021

Authenticate at: http://www.cyberdriveillinois.com