

5/24/2021

Division of Corporations

**H2100020621**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION

**Simpact Inc.**

Certificate of Status	0
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# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME** Simpact Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**Principal street address:  
1660 NE Miami Gardens Drive, Suite 4

Mailing address, if different is:

same

NORTH MIAMI BEACH, Florida 33179

**ARTICLE III PURPOSE**

Business coaching, strategic planning, peer-to-peer leadership training

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

By vote of directors.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gil Bonwitt, Chair

Address: 1472 Presidential Way

Miami, FL 33179

Name and Title: Elise Bonwitt, Secretary/Treasurer

Address: 1472 Presidential Way

Miami, FL 33179

Name and Title: Jeff Scheck director

Address: 19400 Ambassador Court

Miami, FL 33179

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road  
Plantation, Florida 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Gil Bonwitt

Address: 1660 NE Miami Gardens Drive, Suite 4  
NORTH MIAMI BEACH, Florida 33179**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*By: C T Corporation System  Christine Kelm - Assistant Secretary 05/19/2021  
Required Signature of Registered Agent Date*I submit this document and affirm that the facts stated herein are true. 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.* Gil Bonwitt 05/20/2021  
Required Signature of Incorporator Date