

P13000072702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

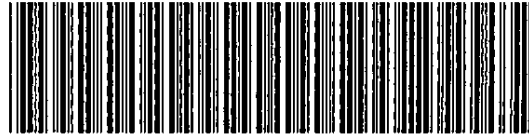
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/13--01009--012 **78.75

13 AUG 29 AM 5:56
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Impact Site Development, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: James Faris

Name (Printed or typed)

1 West Camino Real, Suite 220

Address

Boca Raton, FL 33432

City, State & Zip

561-392-2288

Daytime Telephone number

jo@impactsitedev.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Impact Site Development, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1 West Camino Real

Suite 220

Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful activity for which corporations may be
incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Faris, President

Name and Title: _____

Address 656 Carriage Hill Lane

Address: _____

Boca Raton, FL 33486

Name and Title: Ricardo A. Franco, Treasurer

Name and Title: _____

Address 6260 Wiles Road

Address: _____

#305

Coral Springs, FL 33067

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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(conti.)

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: James Faris
Address: 656 Carriage Hill Lane
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Faris
Address: 656 Carriage Hill Lane
Boca Raton, FL 33486

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

James Faris
Required Signature/Registered Agent

8-26-13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

James Faris
Required Signature/Incorporator

8-26-13
Date

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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