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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Naı	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
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COVER LETTER

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

SUDJECT.	VESTMER				
(PROPOSED CORPORA)	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL CO	PY REQUIRED			
FROM: SHARWN WALLENBERG- Name (Printed or typed)					
34 SEVILLE B					
DEZ-RAY BEACH PL 334 X6 City, State & Zip					
954 - 882 - 2697 Daytime Telephone number					
E-mail address: (to be used for future annual report notification)					

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



September 17, 2014

SHARON WALLENBERG 34 SEVILLE B DELRAY BEACH, FL 33446

SUBJECT: IMPACT INVESTMENT INC.

Ref. Number: W14000057066

We have received your document for IMPACT INVESTMENT INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 614A00019971

COVER LETTER

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

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Tallahassee, FL 32314			
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SUBJECT: - + MPAC	F + P	LUEST MU	UT IN
(PROPO	SED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
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inclosed are an original and one (I) copy of the art	ticles of incorporation and	a check for:
\$70.00 \$78.75		\$78.75	■ \$87.50
Filing Fee Filing Fee		Filing Fee	Filing Fee,
& Certificat	e of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
			-

1: SHAMON MACCENISERO
Name (Printed or typed)
34 SEVILLE B
Address
DEZRAY BEACH PL 334 X6 City, State & Zip
City, State & Zip
954-882-2697
Daytime Telephone number
E-mail address: (to be used for future annual report notification)
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 No. The name of the corpo	AME ration shall be: MPACT	INUES	TMENTINE! LAC
ARTICLE II PI	RINCIPAL OFFICE Principal street address		iling address, if different is:
34 SEU	ILLE B		
DECRAY	BEACH, FL 33446		### OCT
ARTICLE III PU	RPOSE	<u></u>	
	the corporation is organized is:	PROCUR	E INVEST & ENTS
14 8	USTAINABLE	ENERG	\$ 50
			7
	<u>IARES</u>		
The number of shares	of stock is:	_	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	s	
			FOUNDER+ PRESIDENT
Address	34 SEVILLE B		
	DELRAY BEACH, FL		·
	33446	· 	
	27110		
Name and Tit	le:	Name and Title:	
Address		Address:	
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Name and Tit	le:	Nama and Title	
Address		Address:	
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Name and Title:	Name and Title:			
Address	Address:			
	Dr.			
	7			
ARTICLE VI REGISTERED AGENT	20 μ ω F			
The name and Florida street address (P.O. Box NOT acceptable) of				
Name: SHARON WALLENBE	₹			
Name: SHARON WALLENBE Address: 34 SEVILLE B				
DELRAY BEACH, FL	33446			
U				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Name: SHARON WALLEW BE	RO			
Address: 34 SEVILLE B				
Address: 34 SEVILLE B DELRAY BEACH F	: 133446			
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				
Thousublenbey	9/11/14			
Required Signature/Registered Agent	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.				
Required Signature/Incorporator	9/11/14 Date			