Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002842893)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. . Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305) 552-5973 Fax Number : (305)675-5944

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION IMPACT DW CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

10/20/2032 06:59

APPROVEL #5**/6**0/0-002/003 # **1 4 U UFRE 3 4 2 3 3**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

14 DEC -9 AM II: 33

ARTICLE I NAME: The name of the corporation is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/15

	IMPACT DW CORPORATION
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	1402 SW 150 AVE
 -	MIAMI FL 33194
RTICL	EIII SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	MARCO PELLIM (PD)
	•
-	
ARTIC	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The nam	ne and Florida street address (PO Box not acceptable) of the registered agent is:
	MARCO Pellim
	1402 SW 150 AVE
	MIAMI FL 33194
ARTIC	LEVI INCORPORATOR: The name and address of the Incorporator is:
	MARCO PELLIM
	1402 SW 150 AVE
	MIAMI FL 33194

14 DEC -9 AM II: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Required Signatures:

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

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, P.S.

Date