

P180000 79150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

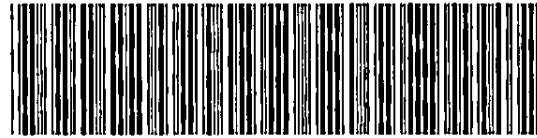
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/18--01014--025 **70.00

STATE OF FLORIDA
DEPARTMENT OF REVENUE
18 SEP 20 PM 3:38
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

The name of the benefit corporation shall be: Impact Investments International Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2544 East Landstreet Road, Suite 600
Orlando, FL 32824

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

The purpose for which the benefit corporation is organized is to create a general public benefit and to address poor, abused, and under-served populations by creating business opportunities through the use of new technologies, innovations, and efficiencies.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Shawn M. Seipler, President and CEO
Address: 2544 East Landstreet Road, Suite 600
Orlando, FL 32824

Name and Title: Michael A. O'Quinn, Director
Address: 2544 East Landstreet Road, Suite 600
Orlando, FL 32824

If applicable, BENEFIT DIRECTOR

Name and Title: Shawn M. Seipler President and CEO
Address: 2544 East Landstreet Road, Suite 600
Orlando, FL 32824

1:

18 SEP 20 11 31 AM
DIVISION OF CORPORATION
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Michael A. O'Quinn

Address: 28 West Central Blvd, Suite 400
Orlando, FL 32801

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael A. O'Quinn

Address: 28 West Central Blvd, Suite 400
Orlando, FL 32801

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

N/A

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

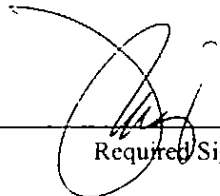


Required Signature/Registered Agent

9/19/18

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

9/19/18

Date

SECRETARY OF STATE
DIVISION OF CORPORATION
18 SEP 20 PM 3:38
TALLAHASSEE, FLORIDA