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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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

ARTICLE I NAME The name of the corporation	on shall be: ACG Impact Inc.			
ARTICLE II PRINCI 2030 Standing Roc Oakland, Florida 34	Principal <u>street</u> address k Circle	Mailing address, if different is:		
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporation is organized is: Edu			
			2023 HAR 14 SEGNETARY	
	S tock is: 100 @ \$1.00 par		2: 55	
	Cailin Greene, Director	Name and Title:		
Address	00000 11 15 1 61 1	Address:		
Name and Title:	Allen Greene, Director 2030 Standing Rock Circle Oakland, Florida 34787	Name and Title:Address:		
Name and Title:_		Addrago		
-				

Name a	nd Title:	Name and Title:	
Address		Address:	<u> </u>
			.
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	-	
Name:	Cailin Greene	2023 MAR 14 SECKE WAS TALL WAS	
Address:	2030 Standing Rock Circle	_ FA	j
	Oakland, Florida 34787		() ()
ARTICLE VII	INCORPORATOR	#유 구 경우 구	i (
The name and	address of the Incorporator is:	— <u>≒</u> 5	
Name:	Mary Brooks		
Address:	5301 Southwest Pkwy Ste 400		
	Austin, Texas 78735		
Effective date, (If an effective filing.)		mot be more than five days prior or 90 days after the	
	ite inserted in this block does not meet the applica s effective date on the Department of State's recor	ble statutory filing requirements, this date will not be list ds.	ed as
Having been no certificate, I an	amed as registered agent to accept service of proces afamiliar with and accept the appointment as regis	is for the above stated corporation at the place designated stered agent and agree to act in this capacity	in this
لا زا	Jueno.	3/9/202	3
	Required Signature/Registered Agent	Date	
I submit this d	ocument and affirm that the facts stated herein to e Department of State constitutes a third degree fe	are true. I am aware that the false information submitte lony as provided for in s.817.155, F.S.	ed in a
MA	n Town	Date 3,14-20	<u></u>
Kequired Signa	ituf /Ingorporator	Date	

COMMISSION OF