

P24000036489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

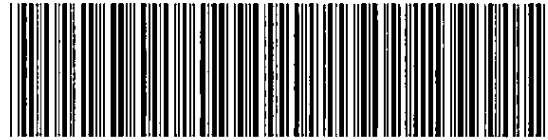
(Document Number)

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S.C.
04/30/24

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03/06/24--01019--015 **128.75

S. CHATHAM
JUN - 1 2024

FILED
2024 APR 30 PM 10:27
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2024

ROBERT A. FEINER, ESQ.
ONE CONSTITUTION PLAZA, SUITE 900
HARTFORD, CT 06103 US

SUBJECT: IMPACT PARTNERS GROUP, INC.
Ref. Number: W24000051741

We have received your document for IMPACT PARTNERS GROUP, INC. and check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return 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.

Tabitha J Howell
Regulatory Specialist II

Letter Number: 624A00006919

2024 APR 2 3 00 PM 12:12

COVER LETTER

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

SUBJECT: Impact Partners Group, Inc. (CT) - Domestication to Florida

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Robert A. Feiner, Esq.

Name (printed or typed)

One Constitution Plaza, Suite 900

Address

Hartford, CT 06103

City, State & Zip

(860)713-8900

Daytime Telephone Number

rfeiner@feinerwolfson.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Julie Hipp President
(Name) (Title)

of Impact Partners Group, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Impact Partners Group, Inc.
(Foreign Corporation)
2. The jurisdiction and date of its formation is Connecticut, 10/25/2005
3. The name of the domesticated corporation is Impact Partners Group (FL), Inc.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Julie Hipp
(Authorized Signature)

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TALLAHASSEE, FL

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Impact Partners Group (FL), Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

1421 S. Ocean Blvd., Suite 419

1421 S. Ocean Blvd., Suite 419

Pompano Beach, FL 33062

Pompano Beach, FL 33062

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any lawful business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000 Shares of Common Stock, No Par Value

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Julie Hipp

1421 S. Ocean Blvd., Suite 419

Pompano Beach, FL 33062

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

04/10/2024

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Julie Hipp, Director, President & Secretary

Address: 1421 S. Ocean Blvd., Suite 419
Pompano Beach, FL 33062

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

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Name & Title: _____

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Name & Title: _____

Address: _____

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TALLAHASSEE, FL

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

Signature _____
Authorized Person

04/10/2024

Date