

Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Division of Business Services  
148 W. River Street  
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

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RI DEPT OF STATE  
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2017 APR - 7 AM 10:51

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Impact Health Inc.
2. It is incorporated under the laws of Delaware
3. The name, if different, which it elects to use in Rhode Island is:  
*(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*  
\_\_\_\_\_  
*(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:*  
\_\_\_\_\_
4. The date of its incorporation is 03/01/2016 and the period of its duration is Perpetual
5. The address of its principal office is 147 E. Holly St., Apt. 201 Pasadena CA 91103
6. The address of its proposed registered office in Rhode Island is One Richmond Square, STE 125B  
(Street Address, not P.O. Box)  
Providence, RI 02906 and the name of its proposed registered agent in Rhode Island at  
(City/Town) (Zip Code)  
that address is Northwest Registered Agent LLC  
(Name of Agent)
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  
Web-brokers for health insurance services
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
Director	<u>Helen Lee</u>	<u>147 E. Holly St., Apt. 201 Pasadena CA 91103</u>
Director	<u>Christine Carrillo</u>	<u>147 E. Holly St., Apt. 201 Pasadena CA 91103</u>
Director	_____	_____
Director	_____	_____

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BY gpb 300418

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	<u>Christine Carrillo</u>	<u>147 E. Holly St., Apt. 201 Pasadena CA 91103</u>
Vice President	<u></u>	<u></u>
Treasurer	<u>Helen Lee</u>	<u>147 E. Holly St., Apt. 201 Pasadena CA 91103</u>
Secretary	<u></u>	<u></u>

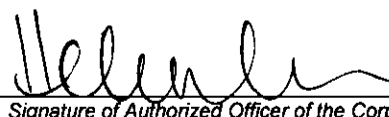
9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>11,000,000</u>	<u>Common</u>	<u></u>	<u>.0001</u>
<u>3,600,000</u>	<u>Preferred</u>	<u>SEED</u>	<u>.0001</u>
<u></u>	<u></u>	<u></u>	<u></u>

10. (a) \$ 0 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
- (b) \$ 0 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
- (c)  % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}
11. (a) \$ 50,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.
- (b) \$ 1000 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
- (c) 2 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing Upon filing.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: April 14, 2017



Signature of Authorized Officer of the Corporation

Helen Lee, Secretary

Type or Print Name of Authorized Officer

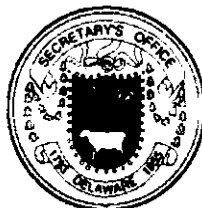
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF INCORPORATION OF "IMPACT HEALTH  
INC.", FILED IN THIS OFFICE ON THE FIRST DAY OF MARCH, A.D.  
2016, AT 2:22 O`CLOCK P.M.

RECEIVED  
R.I. DEPT. OF STATE  
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Jeffrey W. Bullock, Secretary of State

5971686 8100  
SR# 20171653735

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202158819  
Date: 03-08-17



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 07, 2017 10:51 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

