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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Next-Gen ASSOCIALES, Inc.	<u>:</u>
Name of corporation - must include suffix	
Dear Sir or Madam:	,
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to registabove referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
NextGen Associates, Inc.	
500 Seguoia AVe.	1
Ontario, CA 917(e)	
City/State and Zip code City/State and Zip code E-mail address; (to be used for future annual report notification)	,
For further information concerning this matter, please call:	
HIGHNUT DUI/OIL at (909) 227-0443 Area Code Daytime Telephone Number	<u>:</u>
Auto of telegrione Number	4
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy / Certific	Filing Fee, cate of Status & ed Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	1
. Northon Associates Inc	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	-
Next Gen ASSO CrateS by EMT Inc, (If name unavailable in Florida, enter alternate corporate name adapted for the purpose of transacting business in Florida)	-
2. DE 3. $47-3733/59$	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	- '
4. 4-13-15 5. Leipetual	_
(Date of incorporation) (Date of duration, if other than perpetual) 6.	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 500 Sequoia Hunu Ontolo (A 9176) (Principal office address)	-
Same (Principal office address)	العومدر
(Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kegistorad Tants Inc — Bill Havke Office Address: 3030 N Pocky Point Dr. #150-A Iampa (City) Florida 33607 (Zip code)	2.50
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of multies, and I am familiar with and accept the obligations of my position as registered agent.	wite I
Bel Hame	
(Registered agent's signature)	
0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicate the Department of State, by the Secretary of State or other official having custody of corporate records in the jurish	ation to

inder the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: 500 U. Koberts, Jr.			
Address: 12 HINCIVILL IN			
Las Vegas, NV 89/13]	1	
Vice Chairman: Michael Demoter	31		
Address: 34870 A11040 Pd.]		
Lake Elsinove, Ca. 92530			
Director: Dilliam R. Elliott, III			
Address: 2/229 Gatlinhurg Pd.			<u> </u>
Bullard, TX 75757	1		
Director: Frederick M. BOURY	i i		
56211 Successor 1110			<u>!</u>
Address: JOHN Co. 92377	 ;)
B. OFFICERS	÷ . [.]		<u> </u>
Michael Danater		P.	
President: 1110000 DITTUU	!	2:50	<u> </u>
Address: $\frac{348}{1}$ $\frac{1}{1}$ 1	;	1 <u></u>	1
100 C151110165 CA (4000)		1	
Vice President: 1000 U. Hablets, J.		1	
Address: 12 PINCIVILLA.			
Las Vogas, NV 89113	<u>. </u>		<u> </u>
Secretary: Eldvick M. Boully	1		
Address: 5634 Sixamore Hve. Knoto, Ca 9237	7	,	<u> </u>
Treasurer: William R. Elliott, III	· 		
Address: 2/229 Gatlinburg Rd. Bullard, TX F	57C	57	
NOTE: If necessary you may attack on addendum to the application listing additional officers and/or	direc	tors.	
12 A William d. Gltmerto	•	i	١
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the fa		and harain	
are true and that he or she is aware that false information submitted in,a document to the Department o	f Ştat	e constitute	s
a third degree felony as provided for in s.817.155. F.S.	· ·		Ì
(Typed or printed name and capacity of person signing application)	<u> </u>	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		i	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEXTGEN ASSOCIATES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXTGEN

ASSOCIATES, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL

A.D. 2015.

Section 1

Authentication: 203415228

Date: 10-18-17

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SR# 20176659200