# F/800000380/

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



600317315696



18 AUG 17 AH II: 50

K. SALY AUG 20 2018

### CT Corp.

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 8/17/2018

	Acc#I20160000072
Name:	NG LABS, INC.
Document #:	
Order #:	11118682
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$ 87.50

#### **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: NG LABS, INC.								
Name of corporation - must include suffix								
Dear Sir or Madam:								
	ficate of Good Sta	Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.						
Please return all correspondence cor	ncerning this matte	r to the following:						
ESTHER ASHKENAZI								
	Name of	Person						
NG LABS, INC.								
	Firm/Co	npany						
9500 NW 108TH AVENUE								
	Add	ress						
MIAMI, FL 33178								
	City/State	and Zip code						
ESTHER_ASHKENAZI@INTRADEC								
E-mail ac	ddress: (to be used	for future annual report notification)						
For further information concerning	this matter, please	call:						
ESTHER ASHKENAZI	305 at (	714-7485						
Name of Person	Area Co	de Daytime Telephone Number						
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following	ng amount:							
U	Filing Fee & icate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified 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.	NG LABS, INC					
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,'	"COMPANY," "CORPORATION,"		
	`	ible in Florida, enter alternate corporate nam	ne i	adopted for the purpose of transacting business in Florida)		
2.	DELAWARE		3.	83-0955838		
	(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)		
4.	6/13/2018		5			
٠,	(Date	of incorporation)	٠.	(Date of duration, if other than perpetual)		
6.	7/1/2018					
υ.		(Date first transacted busines	s ii	Florida, if prior to registration)	•	
		(SEE SECTIONS 607.1501 & 607	7.1:	502, F.S., to determine penalty liability)		
7.	9500 NW 108TH	AVE, MIAMI FL 33178			_	
		(Prir	ncip	nal office address)		
				<u> </u>	 @	
		(Current ma	tilit	ng address, if different)	=	-73
				三	ন	
8.	Name and stree	<u>et address</u> of Florida registe <mark>red age</mark> nt: (	P.(	D. Box NOT acceptable)	7	1
	Name:	National Registered Agents, Inc.			圣	M
_		1200 South Pine Island Road		FLO	MH 11: 00	
0	ffice Address:			<u> </u>	8	
		Plantation		, Florida		
		(City)		(Zip code)		
9.	. Registered age	ent's acceptance:				

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

National Registered Agents, Inc.

By: Michael Scraphin Asst. Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

II Nam	nes and business addresses of officers and/or directors:	18 AUG ILED
A. DIRI	ECTORS	SECRETARY AHIJ: 00
Chairman	JAIME MIGUEL	TALLAHARRA
Address:	9500 NW 108TH AVENUE	SECRE LARY TALLAHASSEE, FLORIDA
	MIAMI, FL 33178	
Vice Chai	irman:	
Address:		
Director:	FELIX SIMAN	
Address:	9500 NW 108TH AVENUE	
114414351	MIAMI, FL 33178	
Director:	LUIS MAROUNA	
Address:	9500 NW 108TH AVENUE	
	MIAMI, FL 33178	
B. OFF C&U Prosident	IAIME MIGUEL	
Address:	MIAMI, FL 33178	· · · · · · · · · · · · · · · · · · ·
Vice Pres	LOURDES SANCHEZ	
	9500 NW 108TH AVENUE	
7124.000	MIAMI, FL 33178	
Secretary	LUIS MARQUINA	
Address:	9500 NW 108TH AVENUE, MIAMI, FL 33178	
CF0 Treasure	GARY FASS	
Address:	9500 NW 108TH AVENUE, MIAMI, FL 33178	
NOTE:	If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
12	Mary A. Jass CFo Signiture of Director or Officer	
are true a third d	icer or director signing this document (and who is listed in number 11 above) affirn and that he or she is aware that false information submitted in a document to the D legree felony as provided for in s.817.155, F.S.	
13. GA	RY FASS, CFO	
	(Typed or printed name and capacity of person signing application	1)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NG LABS, 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 SIXTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 203260797

Date: 08-16-18

6930408 8300

SR# 20186210084 You may verify this certificate online at corp.delaware.gov/authver.shtml