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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: nGenX, LLC	ame of Limited Liability Company
		ame of Limited Liability Company
The en Exister	closed "Application by Foreign Limited Lince, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Ct above referenced foreign limited liability company to transact business
Please	return all correspondence concerning this r	matter to the following:
	Rachel C Paolillo	
		Name of Person
	nGenX, LLC	
		Firm/Company
	8837 Bond Street	
		Address
	Overland Park, KS 662	14
		City/State and Zip Code
	rachel.paolillo@qser	Vicesco.com (to be used for future annual report notification)
For fur	ther information concerning this matter, ple	ease call:
	Rachel Paolillo	at (913) 754-3304
	Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	sed is a check for the following amo \$125.00 Filing Fee \$130.00 Filing Fee Certificate of St	Fee & \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}\$

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. nGenX, LLC (Name of Foreign Limited Liability Company; must include		')
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")		
	27-3847935	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	N. S.
4. 10/25/2010 5.	Perpetual \$	空港
(Date of Organization)	(Duration: Year limited liability company will received exist or "perpetual")	ise to
6. N/A	-	建
(Date first transacted business in Flo. (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	ÿ. 22 ∰
7. 8837 Bond Street		
Overland Park, KS 66214		
(Street Address of	f Principal Office)	
8. If limited liability company is a manager-managed	company, check here	
9. The name and usual business addresses of the mana	ging members or managers are as follows:	
Albert E Cinelli, 8837 Bond Street, Overland	Park, KS 66214	
John P Cinelli, 3701 Communications W	ay, Evansville, IN 47715	
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign langua	
11. Nature of business or purposes to be conducted or	promoted in Florida: Cloud computing	and_
disaster recovery		
	3/19/2012_ horized representative of a member.	
Signature of a member or an aut	horized representative of a member.	

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Ed Corr, Vice President Tax

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
nGenX, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
NRAI Services, Inc.		
(Name)		
515 East Park Avenue		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee FL 32301		
City/State/Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. NRAI Services, Inc.		
By:		
(Signature) Jackie Bernu, Assistant Secretary		
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)		

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

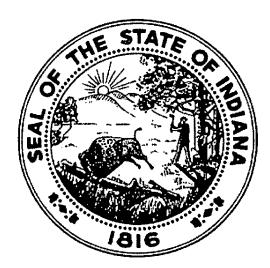
I, Jerold A. Bonnet, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

NGENX, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 25, 2010, and was in existence or authorized to transact business in the State of Indiana on February 28, 2012.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Eighth Day of February, 2012.

Jerold A. Bonnet, Secretary of State

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