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COVER LETTER

TO:

Registration Section

Division of Corporations
NCGX, LLC SUBJECT:
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Missy Kranz
Name of Person
Firm/Company
7800 Metro Parkway, Suite 300-67
Address
Minneapolis, MN 55425
City/State and Zip Code
mkk721@protonmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Missy Kranz 612 532-2595
Name of Contact 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
Enclosed is a check for the following amount: S125.00 Filing Fee S125.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

DOM NEW 180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

2 CHIX & A BRUSH LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 16, 2018.

I further certify that said Domestic Corporation or Limited Liability Company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, F\$1.1622 or 183.0120 Wis. Stats.; and that said corporation or Limited Liability Company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 16, 2018.

MARY ANN McCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

BY:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business to Florids, if poor to regustration.) (Date first transacted business to Florids, if poor to regustration.) (See tections 695 6904 & 605 9905, F.S. to determine penalty business) 4 Tarmiami Trail North, #526 (Street Address of Frincipal Office) (Street Address of Frincipal Office) (Street Address of Frincipal Office) (Street Address of Florida registered agent: (P.O. Box NOT acceptable) Name: InCorp Services, Inc. Office Address: 17888 67th Court North Loxahatchee (City) (City	ame unavailable, enter alternate (name adopted for the purpose of transacting business in FI	orida. The alternate name must include "Limited Lis	ability Company," "L.L.C," or "LLC
(City) Tell author, if appleable) (Due that transacted bathers in Furdit, spore to intigrations) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) (See seconds 60 5000 & 565 5001, F.S. to determine perably labeling) Name: InCorp Services, Inc. (City) The second and second se	Delaware		₃ 82-4426730	
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(Steen Address) (Processed Office) less, FL 34103 Naples, FL 3410	2614 Tamiami Trail N	Jorth, #526		. #526
Name: InCorp Services, Inc. Office Address: 17888 67th Court North Loxabatchee .Florida 33470 .Florida 33470 .Fo Deen named as registered agent and to accept service of process for the above stated limited liability company of the proper and agree to act in this capacity. Ffurther they with the provisions of all statutes relative to the proper and complete performance of my duties, and I am jumiliar we per the obligations of my posteron of registered agent. Kathy Shin on behalf of InCorp Services, Inc. Name and Address: Title or Capacity: Name and Address: D. Bradly Olah 2614 Tamiami Trail N. #526 Naples. FL 34103 Description of the certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the companion of the certificate under our anstator must be submitted) document is executed in accordance with section 05.0203 (1) (b), Florida Statutes. I am aware that any false information d in a document to the Department of that constitutes a third degree felony as provided for in s.817.155, F.S.		Principal Office)	(Maxing Add	fress)
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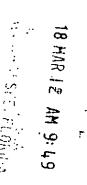
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NCGX, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINETEENTH DAY OF FEBRUARY, A.D. 2018.





Authentication: 202160274

Date: 02-19-18

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