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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCG ASSOCIATES LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

NICOLA GILBERT

Name of Person

NCG ASSOCIATES LLC

Firm/Company

1727 KING ST SUITE 121

Address

ALEXANDRIA/ FL 22314

City/State and Zip Code

INFO@NCGASSOCIATES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLA GILBERT 570 240-1477
Name of Contact Person at Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:

1. NCG ASSOCIATES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. HILLSBOROUGH COUNTY NA 3. 82-3035006
(Jurisdiction under the law of which foreign limited liability company is organized) (F.L.L. number, if applicable)

4. N/A - DID NOT START ANY TRANSACTIONS PRIOR TO THIS APPLICATION
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1727 KING ST SUITE 121 6. 1941 GREGORY DRIVE
(Street Address of Principal Office) (Mailing Address)

ALEXANDRIA, VA 22314 TAMPA, FL 33613

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

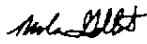
Name: NICOLA GILBERT

Office Address: 1941 GREGORY DRIVE

TAMPA, Florida 33613
(City) (Zip code)

Registered agent's acceptance:

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 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.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------------------|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>NICOLA GILBERT</u> | <input type="checkbox"/> Manager | Name: <u>ADE OLABODE</u> |
| <input type="checkbox"/> Member | Address: <u>1727 KING ST STE 121</u> | <input type="checkbox"/> Member | Address: <u>1727 KING ST STE 121</u> |
| <input checked="" type="checkbox"/> Authorized | <u>ALEXANDRIA, VA 22314</u> | <input checked="" type="checkbox"/> Authorized | <u>ALEXANDRIA, VA 22314</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

NICOLA GILBERT

Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That NCG Associates LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on October 12, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 4, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission