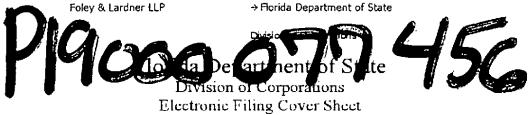
10/15/2019



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Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION NGE Global Inc.

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D O'KEEFE OCT 1 6 2019

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAME The name of the benefit of	NGE Global Inc.		
ARTICLE II PRINC		Mailing address, if different is:	
1909 Illinois Avenue N	IE		
St. Petersburg, Florida	33703		
The corporation elects to The purpose for which the engaging in any other	r STATEMENT AND BUSINESS PURI be a benefit corporation in accordance value corporation is organized is to create a activities or business in which a benutes and the State of Florida.	with s. 607.603, F.S. general public benefit and:	nder the
The general and/or specifollows (optional):	fic public benefit(s) to be created by the	corporation (in addition to its ge	neral purpose) is/are as
			<u> </u>
			ASS T
			% -
			-
		* '	—— <u>E</u> 3 4 —
ARTICLE IV SHAR		par	Aic Rida
The number of shares of ARTICLE V INITIA Name and Title Address	L OFFICERS, DIRECTORS, BENEFF Kurt J. Long, Director & President :1909 Illinois Avenue NE	T DIRECTOR AND BENEFIT C Name and Title: Address:	
Name and Title		Name and Title:	
Address		Address:	
			

Name a	nd Title:	Name and Title:		
Addres	ss	Address:		
I f appli	cable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFI	CER:	
Name:		Name:	* +	
Addre	55	Address:		
-	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable F & L Corp.	e) of the registered agent is:		
Name:	1 Independent Dr., Suite 1300	<u> </u>		
Address:	Jacksonville, Florida 32202	··	19 0 Տենն [ALL:	
ARTICLE VII	INCORPORATOR		AHA:	
The name and	address of the Incorporator is:			
Name:	Randolph J. Wolfe, Esquire			
Address:	100 N. Tampa Street, Suite 2700		STA LOR	
Addition.	Tampa, Florida 33602		89 ADA	
ARTICLE VIII	I ADDITIONAL QUALIFICATIONS OF BEN			
				
Having been n	amed as registered agent to accept service of pro I am familiar with and accept the appointment a	cess for the above stated corporati s registered agent and agree to act t	on at the place designated in in this capacity	
Required Signature Registered Agent			October 15, 2019	
	Required Signature Registered Agent	Vin Porchast	Date	
I submit this d	ocument and affirm that the facts stated herein y Department of State constitutes a third degree f	are true. I am aware that the falso clony as provided for in s.817.155,	e information submitted in a F.S.	
	DUL O WU.	· · · · · ·	October 15, 2019	
Required Signature Incomporator			Date	