

State of Minnesota

## SECRETARY OF STATE

### CERTIFICATE OF INCORPORATION

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: Articles of Incorporation, duly signed and acknowledged under oath, have been filed on this date in the Office of the Secretary of State, for the incorporation of the following corporation, under and in accordance with the provisions of the chapter of Minnesota Statutes listed below.

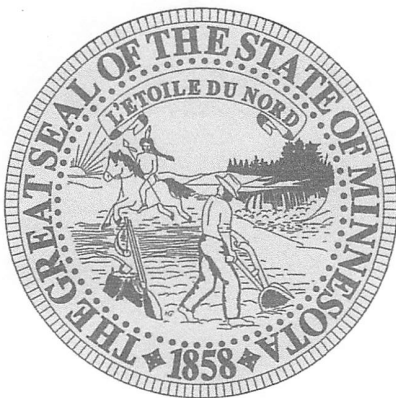
This corporation is now legally organized under the laws of Minnesota.

Corporate Name: GREAT AIR, INC.

Corporate Charter Number: 3997349-2

Chapter Formed Under: 302A

This certificate has been issued on 09/28/2010.



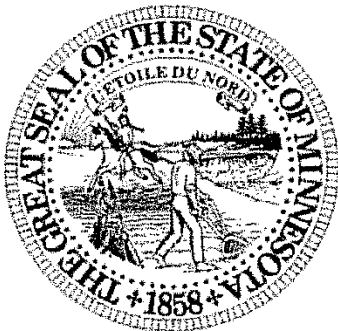
*Mark Ritchie*  
Secretary of State.

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	GREAT AIR, INC.
Date Filed:	09/28/2010
File Number:	3997349-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 01/30/2023



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota



*Amor*  
**MINNESOTA SECRETARY OF STATE**  
**CERTIFICATE OF ASSUMED NAME**



Minnesota Statutes Chapter 333

Read the directions on reverse side before completing.

Filing fee: \$25.00

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK FOR MICROFILMING PURPOSES.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)

N-Flatables

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box.

1960 Cliff Lake Rd. Suite 129-423, Eagan, MN 55122

Street

City

State

Zip

3. List the name and complete street address of all persons conducting business under the above Assumed Name or if the business is a corporation, provide the legal corporate name and registered office address of the corporation. Attach additional sheet(s) if necessary.

Name (please print)

Street

City

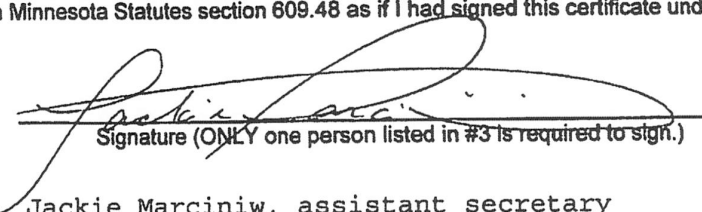
State

Zip

Great Air, Inc.

1960 Cliff Lake Rd / Suite 129-423, Eagan, MN 55122

4. I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in Minnesota Statutes section 609.48 as if I had signed this certificate under oath.

  
Signature (ONLY one person listed in #3 is required to sign.)

10/20/2010

Date

Jackie Marciniw, assistant secretary

Print Name and Title

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
**FILED**

**OCT 20 2010**

*Mark Ritchie*  
Secretary of State

Bonnie Bauer  
Contact Person

612-328-4179  
Daytime Phone Number

bus39 Certificate of Assumed Name Rev. 9-05

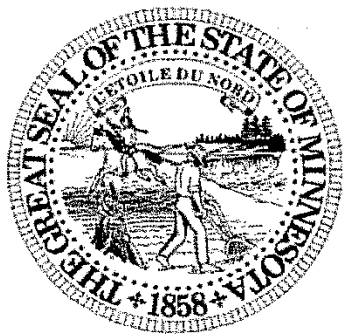


**Office of the Minnesota Secretary of State  
Certificate of Existence and Registration**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The entity listed below was filed under the chapter of Minnesota Statutes listed below with the Office of the Secretary of State on the date listed below and that this entity or filing is registered at the time this certificate has been issued.

Name:	N-Flatables
Date Filed:	10/20/2010
File Number:	4026655-2
Minnesota Statutes, Chapter:	333
Home Jurisdiction:	Minnesota

This certificate has been issued on: 01/30/2023



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota