

F230000006303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

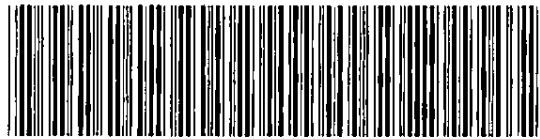
(Document Number)

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W23000129854

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2023

IACEL CASTA BAEZ
623 AVE. PONCE DE LEON SUITE 802-B
SAN JUAN, PR 00917 US

SUBJECT: NYX, INC.
Ref. Number: W23000129856

We have received your document for NYX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 523A00021983

RECEIVED
OCT 26 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NYX, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FACEL CASTA BAÉZ
Name of Person
NYX, Inc.
Firm/Company
Cond. Executive 623 Ave. Ponce de León Suite 802-B
Address
San Juan, PR 00917
City/State and Zip code
nyxinc8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FACEL CASTA BAÉZ at (787) 667-2725
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. NYX, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 24, 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 623 Ave. Ponce de León Ste 802-B San Juan, PR 00917
(Principal office street address)

Cond. Executive 623 Ave. Ponce de León Suite 802-B
San Juan, PR 00917
(Current mailing address, if different)

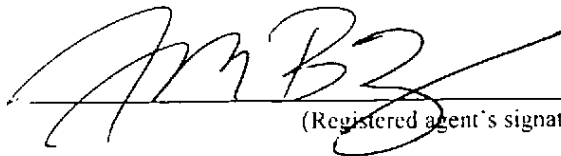
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FACEL CASTA BAÑEZ

Office Address: 1401 Brickell Ave. Ste. 330
Miami, Florida 33131
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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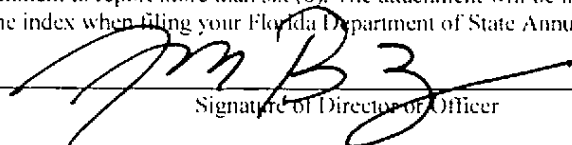
A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>FACEL CASTA BÁEZ</u>	<input type="checkbox"/> Chairman	Name: <u>FACEL CASTA BÁEZ</u>
<input type="checkbox"/> Vice Chairman	Address: <u>Cond. Executive</u>	<input type="checkbox"/> Vice Chairman	Address: <u>Cond. Executive</u>
<input type="checkbox"/> Director	<u>623 Ave. Ponce de León</u>	<input type="checkbox"/> Director	<u>623 Ave. Ponce de León</u>
<input type="checkbox"/> President	<u>Ste. 802-B</u>	<input checked="" type="checkbox"/> President	<u>Ste. 802-B</u>
<input type="checkbox"/> Vice President	<u>San Juan, PR 00917</u>	<input type="checkbox"/> Vice President	<u>San Juan, PR 00917</u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>FACEL CASTA BÁEZ</u>	<input type="checkbox"/> Chairman	Name: <u>FACEL CASTA BÁEZ</u>
<input checked="" type="checkbox"/> Vice Chairman	Address: <u>Cond. Executive</u>	<input type="checkbox"/> Vice Chairman	Address: <u>Cond. Executive</u>
<input type="checkbox"/> Director	<u>623 Ave. Ponce de León</u>	<input type="checkbox"/> Director	<u>623 Ave. Ponce de León</u>
<input type="checkbox"/> President	<u>Ste. 802-B</u>	<input type="checkbox"/> President	<u>Ste. 802-B</u>
<input type="checkbox"/> Vice President	<u>San Juan, PR 00917</u>	<input checked="" type="checkbox"/> Vice President	<u>San Juan, PR 00917</u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>FACEL CASTA BÁEZ</u>	<input type="checkbox"/> Chairman	Name: <u>FACEL CASTA BÁEZ</u>
<input type="checkbox"/> Vice Chairman	Address: <u>Cond. Executive</u>	<input type="checkbox"/> Vice Chairman	Address: <u>Cond. Executive</u>
<input checked="" type="checkbox"/> Director	<u>623 Ave. Ponce de León</u>	<input type="checkbox"/> Director	<u>623 Ave. Ponce de León</u>
<input type="checkbox"/> President	<u>Ste. 802-B</u>	<input type="checkbox"/> President	<u>Ste. 802-B</u>
<input type="checkbox"/> Vice President	<u>San Juan, PR 00917</u>	<input type="checkbox"/> Vice President	<u>San Juan, PR 00917</u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input checked="" type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<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.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

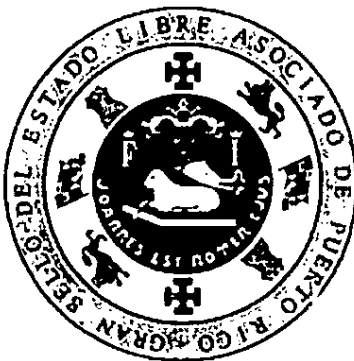
13. FACEL CASTA-BÁEZ PRESIDENT
 (Typed or printed name and capacity of person signing application)



CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Díaz**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **NYX INC.**, register number **429562**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **July 26, 2019**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **July 5, 2023**.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **567897-68988956**