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S. HAWKES
AUG 1 7 2009
EXAMINER

#### **COVER LETTER**

	on of Corporations			
SUBJECT: _	Nye Wealth Management, LLC  Name of Limited Liability Company			
The enclosed " Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please return a	Il correspondence concerning this matter to the following:			
	Name of Person			
Nye Wealth Management, LLC Firm/Company				
7941 Ravenna Road  Address				
	Address			
	Hudson OH 44236			
	City/State and Zip Code			
	sarah@nyegroup.com			
	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
	Sarah Schofield at ( 330 ) 650-6360 x.125			
	Name of Person Area Code & Daytime Telephone Number			
Divisi R <b>e</b> gis P.O. E	ING ADDRESS:  on of Corporations cration Section  Box 6327  clifton Building classee, 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:			
<b>\$</b> 12	25.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ \$155.00 Filing Fee & \$\$\$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$			

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

LII	ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:				
1.	Nye Wealth Management, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability npany," "L.L.C," "LLC.")				
2.	Ohio 3. 26-2975712  Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)				
•	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)				
4.	6-9-2008 5. perpetual (Date of Organization) (Duration: Year limited liability company will cease to				
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
6.	n/a				
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7.	7941 Ravenna Road				
	Hudson OH 44236				
	(Street Address of Principal Office)				
8.	If limited liability company is a manager-managed company, check here				
9.	The name and usual business addresses of the managing members or managers are as follows:				
	Sarah Schofield, Chief Operating Officer, Manager				
	7941 Ravenna Road				
	Hudson OH 44236				
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records furisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a				
uai	slation of the certificate under oath of the translator must be submitted.)				
11	Nature of business or purposes to be conducted or promoted in Florida:				
	Registered investment advisory firm, approved by OH and FL deptartments of securities.				
	8-10-2009				
	Signature of a member or arguthorized representative of a member.				
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)					
	Sarah Schofield, Chief Operating Officer				
	Typed or printed name of signee				

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Nye Wealth Management, LLC

1. The name of the Limited Liability Company is:				
	Nye Wealth Management, LLC			
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the Florida street address of the registered agent and office are:				
	John R. Reynoldson			
	(Name)			
	5425 Park Central Court			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Naples, FLF≵4109			
	City/State/Zip			

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NYE WEALTH MANAGEMENT LLC, an Ohio Limited Liability Company, Registration Number 1786217, was organized within the State of Ohio on June 09, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of August, A.D. 2009

**Ohio Secretary of State** 

Validation Number: V2009222AFB502