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Certified Copies	. Certificates	s of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT: NYQUE INC.	
	RATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Walter Brown	ame (Printed or typed)
15582 Citrus Grove Bl	vd
	Address
Loxahatchee, FL 334	70
C	ity, State & Zip
561-714-0682	ne Telephone number
E-mail address: (to be	used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME NYQUE INC.		,		
The name of the c	orporation shall be:				
ARTICLE II	PRINCIPAL OFFICE	N. 11 11 10 100	Mailing address, if different is:		
	Principal <u>street</u> address 15582 Citrus Grove Blvd.	Mailing address, if differe			
	Loxahatchee FL 33470				
•	EDXAHARCHEE, 1 L 3597.0				
ARTICLE III	PURPOSE				
	which the corporation is organized is:				
Purchasing a	and selling various NYQUE prod	lucts for local and export purposes.			
			22.5		
ARTICLE IV			- 12gg 3 g 1		
The number of sh	ares of stock is: 500		95 5		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	ECTORS	SH F		
		Name and Title: President			
Address:	15582 Citrus Grove Blvd.	Address:			
	Loxahatchee, FL 33470		441781/18		

Name and	Title:	Name and Title:			
Address:					
			·····		
Name and T	îtle:	Name and Title:			
Address:					
	REGISTERED AGENT				
	orida street address (P.O. Box NOT accep				
Name: Address:	Neville Anderson				
Addiess.	15582 Citrus Grove Blvd Loxabatchee FL 33470				
	LUXAHAICHEE I L 3047V				
	INCORPORATOR				
	dress of the Incorporator is:				
Name: Address:	Walter Brown	.,			
Address.	15582 Citrus Grove Blvd. Loxahatchee, FL 33407	7			
Havina been nan	· · · · · · · · · · · · · · · · · · ·	f process for the above stated corporation at the p	lace desionated in		
		nt as registered agent and agree to act in this capac			
\sim \sim			•		
llul.	<u> </u>	1/3/	Date		
	Required Signature/Registered Ag	gent	Date		
I submit this doc	ument and affirm that the facts stated he	rein are true. I am aware that the false informati	on submitted in a		
	Department of State constitutes a third degr				
	1. 100 Parison -		11 11		
	Required Signature/Incorporate		4-//		
	✓ ✓ Required Signature/incorporate	л	Date		