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(((H110002632953)))



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FLORIDA PROFIT/NON PROFIT CORPORATION NYX & ACE INC.

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November 8, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

FASTKIT CORP

SUBJECT: NYX & ACE INC. REF: W11000056883

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

Articles must be listed in numeric order. You went from article five to article ten.

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section FAX Aud. #: B11000263295 . Letter Number: 611A00025328

FILED

11 NOV -8 AM II: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

NYX & ACE INC.

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT hereby adopts the following Articles of Incorporation:

ARTICLE ONE NAME

The name and street address of the corporation shall be: NYX & ACE INC.
2365 Rolling Oaks Drive, Palm Harbor, FL 34683
ARTICLE TWO

DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the laws of the STATE OF FLORIDA.

ARTICLE FOUR CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 100 all of which shall be common shares with a par value of \$1,00

ARTICLE FIVE REGISTERED OFFICE

The street address of the initial registered office of the corporation shall be:

2365 ROLLING OAKS DRIVE PALM HARBOR, FL 34683

The name of the initial registered agent at such address is:

Paul Bourgeois

I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

FILED

11 NOV -8 AMII: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE SIX

INCOMPONE
The name and address of the incorporator is:
NAME: Paul Bourgeois
ADDRESS: PO Box 250 Palm Harbor, FL 34682
In witness whereof, I have subscribed my name this day of
X Carrier State of the Control of th
Name: Paul Bourgeois / Incorporator
STATE OF FLORIDA :
COUNTY OF PINELLAS :
On this
IN WITNESS WHEREOF, I hereunto set my hand official seal. NOTARY PUBLIC STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:

