## P1200000882

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	·				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)				
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Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Business Entity Name)				
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Special Instructions to Filing Officer:	(Document Number)				
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12 JAN -3 PH 3: 4|
SECRETARY OF STATE

1/4/12

## **COVER LETTER**

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

SUBJECT: NYE COMMERCIAL ADVISORS, INC.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)				
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	nd a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED				
FROM: NYE COMMERCIAL ADVISORS, INC.  Name (Printed or typed)						
2800 WINDGUARD SUITE #1						
WESLEY CHAPEL ELORIDA 33544						
WESLEY CHAPEL, FLO City,	State & Zip	<del>S</del> S	ယ်	FILE		
813-973-0214  Daytime To	elephone number	OF STATE E, FLORIDA	JAN -3 PM 3: 41	ED		
BNYEC21@AOL.COM	I for future and a	notification				
E-mail address: (to be used	i for future annuat report	nouncation)				

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

**DECEMBER 31, 2011** 

WILLIAM F. NYE
5306 FOXHUNT DRIVE
WESLEY CHAPEL, FLORIDA 33543

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I AM THE OWNER OF RECORD OF NYE COMMERCIAL ADVISORS, INC. AND I HAVE NO INTENTION OF REINSTATING THIS CORPORATION.

I AM HEREBY RELEASING THE NAME OF THE PAST CORPORATION, AND FILING FOR A NEW CORPORATION.

THANK YOU SO MUCH FOR YOUR HELP AND IF YOU HAVE QUESTIONS, I MAY BE REACHED AT 813-973-4256.

SINCERELY,

**WILLIAM F. NYE** 

ar Ffe

12 JAN -3 PH 3: 41
SECRETARY OF STATE
TALLAHASSEE FI CALE

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

ARTICLE I			FILED	
The name of the	corporation shall be:		<del>- •</del>	
ARTICLE II	PRINCIPAL OFFICE		12 JAN -3 PM 3: 41	
	Principal street address	Mai	iling address, if different is:	
	2800 WINDGUARD SUITE #1		SECHETARY OF STATE	
	WESLEY CHAPEL, FLORIDA 33544		TALLAHASSEE, FLORIDA	
4 0/8/01 # 177	nrmnoor		•	
The nurness for	which the corporation is organized is:			
	OFESSIONAL CORPORATION"			
IONATI	OI LODIONAL CON CIVATION			
4 D. W. C. J. B. 177	CHARRO			
ARTICLE IV	hares of stock is:1000			
The number of si	mates of stock is.1000			
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS		
	Title:	Name and Title:		
Address:		Address:		
Name and	Title:	Name and Title		
Address:	Title	Address:		
Addiess.				
		<del></del>		
	Title:			
Address:		Address:		
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is	s:	
Name:	WILLIAM F. NYE	<u> </u>		
Address:	5306 FOXHUNT DRIVE			
	WESLEY CHAPEL, FLORIDA	.33543	,	
ADTICI E IIII	INCORPORATOR			
	address of the Incorporator is:			
Name:	ANDREA R. NYE			
Address:	5306 FOXHUNT DRIVE			
	WESLEY CHAPEL, FLORIDA	33543		
	med as registered agent to accept service of p			
this certificate, I	am familiar with and accept the appointment a	is registered agent and agre	ee to act in this capacity	
	$\Omega_{ij}$			
	Required Signature/Registered Agent		<u>12/31/2011</u>	
	Required Signature/Registered Agent	1	Date	
I aubusis shin d-	arranged affirms that the factor state of hemel-	u ana tuna. I ama muana shi	nt the false information submitted in a	
	cument and affirm that the facts stated hereiv Department of State constitutes a third degree j			
accument to the	перыннені ој мин соняшине и ниги авугев ј	recony as proviaca jor in S.	UR /+ EJJ9 E'+IJ+	
	Onder D no		12/31/2011	
·····	Required Signature/Incorporator	· · ·	Date	
	reduited Signaples incorporator		Dute	