

P/5000023437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

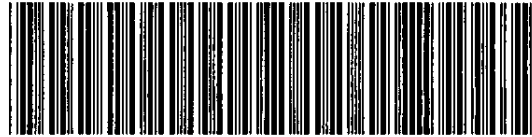
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR -9 PM 1:02

h 03/11/15

COVER LETTER

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

SUBJECT: Nyxe, Co., Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Julie Grady
Name (Printed or typed)

1440 Bayshore Drive
Address

Englewood, FL 34223
City, State & Zip

941-460-6586
Daytime Telephone number

Juliegrady@comcast.net
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

The name of the corporation shall be: Nyx, Co., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1440 Bayshore Drive
Englewood, FL 34223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Online Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Grady, President Name and Title: _____

Address 1440 Bayshore Dr. Address: _____
Englewood, FL 34223

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Julie Grady

Address: 1440 Bayshore Dr.

Englewood, FL 34223

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Julie Grady

Address: 1440 Bayshore Dr.

Englewood, FL 34223

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Julie Grady
Required Signature/Registered Agent

3/4/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Julie Grady
Required Signature/Incorporator

3/4/15
Date

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