

P23 000050228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

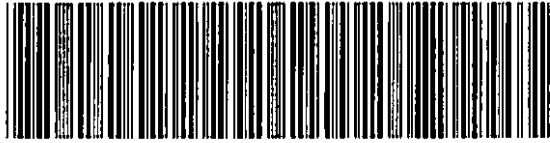
(Business Entity Name)

(Document Number)

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DATE: 07/07/23

NAME: NOX SKYE CO

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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: Nox Skye Co

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
90 Forte Wade, S. 100
Ponte Vedra, FL 32801

Mailing address, if different is:
90 Forte Wade, S. 100
Ponte Vedra FL 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derek C. Johnston, Pres/Director Name and Title: _____

Address: 90 Forte Wade, S. 100 Address: _____
Ponte Vedra, FL 32081

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Derek C. Johnston
 Address: 90 Forte Wade, S. 100
Ponte Vedra, FL 32081

ARTICLE VII INCORPORATOR

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

Name: Derek C. Johnston
 Address: 90 Forte Wade, S. 100
Ponte Vedra, FL 32081

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Required Signature/Registered Agent

7/6/2023

 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.

 Required Signature/Incorporator

7/6/2023

 Date

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