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C. LEWIS

AUG 1 2 2009

EXAMINER

COVER LETTER

TO:	Registration Division of	Section Corporation	s				
SUBJI	ЕСТ:		NAG	Y Del	aware, LLC		
			Nan	ne of Lin	nited Liability Company		
Exister	nce, and check	are submitt	ed to register the al	ove refe	renced foreign limited lia		ansact Business in Florida," Certificate of y company to transact business in Florida
ricase	içidili ali coli	espondence	concerning this ma	uer to th	e lonowing.		
			Д	my R.	Henderson, Esq.		
					ame of Person		
			Bar	t, Mey	er & Company LLP		
Firm/Company PO Box 16089							
					Address		
					nah, GA 31412		
				City/St	tate and Zip Code		
			ahe	enders	on@bart-law.com		
					for future annual report	notif	ication)
For fur	ther informati	on concerni	ng this matter, pleas	se call:			
		····	Henderson		at (912)		598-5151
		Name	of Person	Area	a Code & Daytime Telepl	hone	Number
	MAILING Division of Registration P.O. Box 63 Tallahassee,	Corporation Section 327		Divisio Registr Clifton 2661 E	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301		
Enclo	sed is a chec		following amou		\$155.00 Filing Fee	&	
			Certificate of		Certified Cop		of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

NAGY DELAWARE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") **DELAWARE** To be applied for (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 7/22/2009 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6 Not applicable (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 30 West Broughton Street, Suite 203 Savannah, Georgia 31411 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here | 9. The name and usual business addresses of the managing members or managers are as follows: Michael Brown 30 West Broughton Street, Suite 203 Savannah, Georgia 31411 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Property Management

Paul D. Meyer, Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	f the Limited Liability Company is:	
	NAGY DELAWARE, LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name ar	nd the Florida street address of the registered agent and office are:	
	Thomas R. Ray	
	(Name)	
	2301 Independent Square, 1 Independent Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	FILE LARSES
	Jacksonville, FL 32202 City/State/Zip	FELORIDE FELORIDE
liability company agent and agree relating to the pi	med as registered agent and to accept service of process for the above stay at the place designated in this certificate, I hereby accept the appointment to act in this capacity. I further agree to comply with the provisions of a proper and complete performance of my duties, and I am familiar with analy position as registered agent as provided for in Chapter 608, Florida Stay (Signature)	ent as registered Ill statutes I accept the

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00 \$ 30.00

5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NAGY DELAWARE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE SIXTH DAY OF AUGUST, A.D. 2009.

4712375 8300

090758771

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7461803

DATE: 08-06-09

You may verify this certificate online at corp.delaware.gov/authver.shtml