

P140000086337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

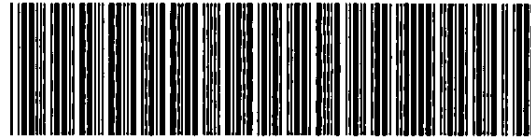
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 OCT 20 AM 7:19  
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FILLMORE COUNTY CLERK'S  
OFFICE

W14-53137

## COVER LETTER

ATX1

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

**SUBJECT:** NAGY ENTERPRISES 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** PHILIP NAGY

Name (Printed or typed)

13316 BISCAYNE DR

Address

GRAND ISLAND FL 32735

City, State & Zip

(352) 455-0856

Daytime Telephone number

philipnagy@centurylink.net

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2014

PHILIP NAGY  
13316 BISCAYNE DR  
GRAND ISLAND, FL 32735

SUBJECT: NAGY ENTERPRISES INC  
Ref. Number: W14000053157

RECEIVED  
14 OCT 20 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NAGY ENTERPRISES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 714A00018612

NAGY ENTERPRISES INC

ATX1

**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: PHILIP NAGY ENTERPRISES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

13316 BISCAYNE DR

GRAND ISLAND, FL 32735

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR PROFIT: A LEGAL ENTITY

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PHILIP NAGY PRESIDENT

Name and Title: \_\_\_\_\_

Address: 13316 BISCAYNE DR

Address: \_\_\_\_\_

GRAND ISLAND, FL 32735

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
4 OCT 20 AM 7:19  
TALLAHASSEE, FL 32304

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:

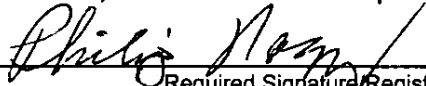
Name: PHILIP NAGY  
Address: 13316 BISCAYNE DR  
GRAND ISLAND, FL 32735

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PHILIP NAGY  
Address: 13316 BISCAYNE DR  
GRAND ISLAND, FL 32735

**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**

X  8/20/2014  
Required Signature/Registered Agent 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.**

X  8/20/2014  
Required Signature/Incorporator Date

14 OCT 20 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA