# B11000000055

(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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EXAMINITY

EXAMINITY

TO CLINE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2011

EMI LOWNDES 809 WRIGHTS SUMMIT PARKWAY, SUITE 200 FT. WRIGHT, KY 41011

SUBJECT: PRISM TITLE & CLOSING SERVICES, LTD.

Ref. Number: W11000011429

We have received your document for PRISM TITLE & CLOSING SERVICES, LTD. and your check(s) totaling \$1052.50. However, the document has not been filed and is being retained in this office for the following:

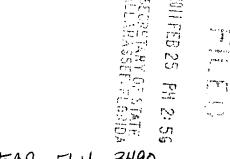
Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 911A00004909



502-564-3490

### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Prism Title & Closing Se	rvices, Ltd.	
	mited Partnership or Limited Liability	Limited Partnership
The enclosed application, certificate of s partnership to transact business in Florid Please return all correspondence concern	a.	a foreign limited partnership or limited liability limited
Emi Lowndes		
Contact Pers	on	
Prism Title & Closing Services	, Ltd.	
Firm/Compa	ny	
809 Wright's Summit Pkwy,	Suite 200	
Address		
Ft. Wright, KY 41011		
City, State and Zi	p Code	
Emi.lowndes@prismclosings.con E-mail address: (to be used for future a		
`	•	
For further information concerning this r	•	
Emi Lowndes	aı (	-7378
Name of Contact Person	Area Code and Dayti	ime Telephone Number
Enclosed is a check for the following am	ount:	
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\$1,008.75 F and Certificat Status		\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	And



#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT RUSINESS IN FLORIDA

1. Prism Title & Closing Services, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Kentucky

3. November 15, 2005

State or Country of Formation

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

Mayersohn Law Group, P.A. c/o Leah H. Mayersohn, Esq.

#### 101 NE Third Avenue, Suite 1250

Fort Lauderdale, Florida 33301

<ol> <li>I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent.</li> </ol>		ne obligations of
Signature of Re		50m;
7. Principle Office: (Florida Street Address) 8. Ma	ailing Address:	
101 NE Third Avenue, Suite 1250	Wright's Summit Parkway	_
Fort Lauderdale, Florida 33301 Suit	re 200	_
For	t Wright, Kentucky 41011	
<ol> <li>If limited partnership is a limited liability limited partnership</li> <li>Name, principal office address, and mailing address of each</li> <li>Name of General Partner: DEG Enterprises, Inc.*</li> </ol>	doing business	in Florida as Enterprises, Inc.
Street Address: 809 Wright's Summit Parkway, Suite 200	Street Address:	·
Fort Wright, Kentucky 41011	;*** !	201
Mailing Address: 809 Wright's Summit Parkway, Suite 200	Mailing Address:	
Fort Wright, Kentucky 41011	(i) = 1	
Name of General Partner:	Name of General Partner:	

Street Address:

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

	Name of General 1	artner:	Name of General Partner:	Name of General Partner:	
	Street Address: _		Street Address:		
	- Mailing Address:_		Mailing Address:		
		ther than the date of filing: date be prior to nor more than 90 days a	of filing fier the date this document is filed by the Florida I	Department of State.)	
F	2. Attached is a certif lorida Department of le law of which it is o	State, by the Secretary of State or o	l, not more than 90 days prior to the delivery of the ther official having custody of the entity's records	is application to the in the jurisdiction under	
Si	igned this 24th	day of February	2011		
			- David E. (	Gerner	
		Sign	ature of a general partner		
Tl su	he individual signing ibmitted in a docume	this document affirm that the facts and to the Department of State constitution.	stated herein are true and the individual is aware thutes a third degree felony as provided for in s.817	at false information .155, F.S.	
	Cert	g Fees: ified Copy (optional): ificate of Status (optional):	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registere <b>\$52.50 \$8.75</b>	d Agent Fee)	

Page 2 of 2

2011 FEB 25 PH 2: 56



# Trey Grayson Secretary of State

#### Certificate

I, Trey Grayson, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

CERTIFICATE OF LIMITED PARTNERSHIP OF

PRISM TITLE & CLOSING SERVICES, LTD. FILED NOVEMBER 15, 2005.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of January, 2011.

CHIEF THE STATE OF THE STATE OF

Trey Grayson Secretary of State Commonwealth of Kentucky

emcnulty/0625646 - Certificate ID: 109386

## COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE



0625646.08

AMcRay KCLP

Trey Grayson
Secretary of State
Received and Filed
11/15/2005 1:38:14 PM
Fee Receipt: \$40.00

#### CERTIFICATE OF LIMITED PARTNERSHIP

CERTIFICATE OF	- LIMITED PARTI	NEKSHIP		
Pursuant to the provisions of KRS Chapter 362, the unsubmits the following statements:	dersigned hereby for	ms/a limited parti	nership a	nd for that purpose
1. The name of the limited partnership is Prism Title & Closing Services, Ltd.				······································
2.The name of the registered agent is David E. Gerner				
and the street address of the registered office in Kenta 325 East Third Street	ucky is New	port	KY	41071
3. The name and the business address of each general DEG Enterprises, Inc.	partner is 1 Garrard Street	Covington Address	State KY	Zip Code 41011
Name		Address		
4. The mailing address of the limited partnership is 211 Garrard Street		Covington	KY	41011
5. The latest date upon which the limited partnership is to	dissolve is Dece	ember 31, 30	<sup>8⊯</sup> 05	Zip Code
6. This certificate will be effective upon filing, unless a de				eleyed effective date emplor time)
Dated 1110 ,2005		Styren	L70	
Sgriken		Signal	ut.	
David E. Gerner	, consent to serve as t	12/h_		the limited partnership.
	David E. Gerner, President of General Partner			

#### COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE

# AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP

0625646.08 doornist
KAR
Trey Grayson
Secretary of State
Received and Filed
10/30/2008 2:14:51 PM
Fee Receipt: \$40.00

Pursuant to the provisions of KRS Chapter 362.417, the undersigned hereby amends and restates its certificate of limited partnership and for the purpose of changing the mailing address of the registered office in Kentucky, submits the following statements:

I. The name of the limited partnership is:

PRISM Title & Closing Services, Ltd.

2. The original date of filing the certificate of limited partnership is:

November 15, 2005

3. The amended and restated date of filling is:

October 24, 2008

4. The name of the registered agent is:

David E. Gemer

5. The address of the registered office in Kentucky is:

335 East Third Street, Newport, Kentucky 41071

6. The name and business address of each general partner is:

DEG Enterprises, Inc., 809 Wright's Summit Parkway, Suite 200, Fort Wright, Kentucky 41011

7. The mailing address of the limited partnership has been changed to:

809 Wright's Summit Parkway, Suite 200, Fort Wright, Kentucky 41011

8. The latest date upon which the limited partnership is to dissolve is:

December 31, 3008.

9. This certificate will be effective upon filing, unless a delayed effective date and/or time is specified;

David E. Gemer

I, <u>David E. Gerner</u>, consent to serve as the registered agent on behalf of the limited partnership.

Signature of Registered Agent

David E. Gerner, President of General Partner