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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875

Fax Number : (302)575-0925

FOREIGN PROFIT/NONPROFIT CORPORATION

DSG Capital Realty Group, Inc.

Certificate of Status	0
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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED; orp," "Inc," "Co," or "Corp.")	,	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
2. Mississip	pi		
	ander the law of which it is incorporated)	(FEI member, if applicable)	
4. 2/17/2007 5.		(Duration: Year corp. will cease to exist or "perpetual")	
المراد الم	on such fication	•	
0	(Date first transacted business)	n Piorida, if prior to registration)	
		502, F.S., to determine penelty liability)	
7.0/02 1101	nando Rd., Byhalia, MS 3 (Priscipal office add		
P.O. Box	382431, Germantown, T	•	
 	(Corrent mailing add		
	al Restate Abouting	Win commodifice is	
(Purpose(s	21 ESTO 40 FOCULTS	ountry to be carried out in state of Florida)	
9. Name and street	st address of Piorida registered agent: (P.C	D. Box NOT accoptable)	en alektrika Lina yezhen
Name:	Agents and Corporation	77, 77	ļi.
	300 Fifth Avenue South, S	Suite 101-330	j 7 8
Office Address:	Naples		1
	(City)	Florida 34102 (Zip code)	
10 Devisioned or	zent's acceptance:		
Having been non	ed as registered agent and to accept servi	ce of process for the above stated corporation at the pli	
	amplication. I kereby accept the appoints	next as registered agent and agree to act in this capaci	y. /
designated in this further agree to c	emply with the provisions of all statutes r	elative to the proper and complete performance of no i	udias.
furiker agree to c	omply with the provisions of all statutes r with and accept the obligations of my po	elative to the proper and complete performance of my i	lection,
furiker agree to c	omply with the provisions of all statides r	elative to the proper and complete performance of my i	luties,
furiker agree to c	omply with the provisions of all statutes of with and accept the obligations of my po	elative to the proper and complete performance of my e eltion as registered agent.	luties,
furiker agree to c	omply with the provisions of all statides r	elative to the proper and complete performance of my e eltion as registered agent.	luti es ,
further agree to c and I am familiar	(Registered agent's signature)	elative to the proper and complete performance of my estion as registered agent. not more than 90 days prior to delivery of this application.	on to
further agree to c and I am familiar 11. Attached is a the Department of	(Registered agent's signature)	elative to the proper and complete performance of my extion as registered again.	on to

b-20-09 01:17pm From-THE WILLIAMS LAW FIRM PA	3025751642	T-485 P.03/04 F-920		
12. Names and business addresses of officers and/or directors:	Q ₁	1		
A. DIRECTORS				
Chairman: Brian L. Saulsberry		~~ ^ <i>(</i>)		
Address: P.O. 65X 386431	16.80	- 7		
Cermenta on to	38183 8	<u> </u>		
Vice Chalmen:		7.76. 7		
Address:		- 166°		
· · · · · · · · · · · · · · · · · · ·		,		
Director: Terrence McBrlde		,		
Address: PO. GUL 3834131				
Cementaun, TU	<u> 38183 </u>			
Director: Earl McKinney				
Address: P.O. COV 3834131				
CHMONTONO, TO	38183			
B. OFVICERS				
President: Brian L. Saulsberry		•		
Address: P.O. BUX 382431				
CAMPANA, TO	ER186 C			
Vice President:				
Address:				
ALALICUS.				
•				
Socretary		······································		
Address: Tressurer:		· · · · · · · · · · · · · · · · · · ·		
	····			
Address:				
NOTE: If recessary, you mak attach an addendum to the application listing additional officers and/or directors.				
13. Q. Contolurous				
(Signature of Director or Officer (Isled in number 12 of the application) 14. Brian L. Saulsberry, President				
(Typed or printed name and capacity of person signing application)				

3025751642

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I. C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal oustedian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on December 17, 2007, the State of Mississippi issued a Charter/Certificate of Authority to:

DSG CAPITAL REALTY GROUP, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Cortificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand and seal of office January 21, 2009

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 10781352-1 Page 1 of 1 Reference; Verify this certificate online at https://secure.sox.state.ms.us/busserv/corp/soskb/verify.asp

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