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(Business Entity Name)		
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: DEG Enterprises, Inc.		
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Angi Schuerman		
Name of Person		
Prism Title & Closing Services, Ltd.		
Firm/Company		
809 Wright's Summit Pkwy, Suite 200		
Address		
Ft. Wright, KY 41011	Marine ;	
City/State and Zip code SST 2	Lucia	
angi.schuerman@prismclosings.com	l.	
E-mail address: (to be used for future annual report notification)	3 H	
For further information concerning this matter, please call:	Mar e.	
Angi Schuerman at (859) 344-2822		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy	Ŀ	

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.

D," "COMPANY," "CORPORATION,"	
e adopted for the purpose of transacting business in Florida)	
e adopted for the purpose of transacting business in Florida)	
(FEI number, if applicable)	
Perpetual	
(Duration: Year corp. will cease to exist or "perpetual")	
in Florida, if prior to registration)	
1502, F.S., to determine penalty liability)	
t. Wright, KY 41011	
dress)	
, Ft. Wright, KY 41011	
dress)	
,	
of Florida, Prism Title & Closing Services, Ltd. will then carry out real exists transactions.	
country to be carried out in state of Florida)	
O. Box NOT acceptable)	
in, Esq.	
250_	
, Florida 33301	
(Zip code)	
/t/	
1 1	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

- Leah H. Mayersohn
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Address: **B. OFFICERS** President: David E. Gerner Address: 335 East Third Street Newport, KY 41071 Vice President: Address: Secretary: Jane B. Schulte Address: 809 Wright's Summit Pkwy, Suite 200, Ft. Wright, KY 41011 Treasurer: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. David E. Gerner, President

Commonwealth of Kentucky Elaine N. Walker, Secretary of State

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number:

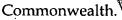
Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx.to.authenticate.this.certificate.

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is November 8, 2005, and whose period of duration is perpetual

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucký, this 2nd day of February







N. Waller Elaine N. Walker

Secretary of State Commonwealth of Kentucky

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