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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	D E ENTERPRISES, LLC
<u> </u>	(Name of Limited Liability Company)
	ign Limited Liability Company for Authorization to Transact Business in nd check are submitted to register the above referenced foreign limited ess in Florida
Please return all correspondence co	ncerning this matter to the following:
	TIMOTHY EVANS
All the Control of th	(Name of Person)
	D E ENTERPRISES, LLC
	(Firm/Company)
	7051 HIGHWAY 49 SOUTH
	(Address)
	DADEVILLE, AL 36853
<u> </u>	(City/State and Zip Code)
For further information concerning	this matter, please call:
CASEY KELL	EY at (256) 825-4044
(Name of Per	
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
□ \$125.00 Filing Fee □ \$130	.00 Filing Fee & \$\square\$ \$\frac{1}{2}\$\$155.00 Filing Fee & \$\square\$ \$\frac{1}{2}\$\$\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

1. DE ENTERPRISES, LLC
(Name of Foreign Limited Liability Company)

(Name of ro	reign Limmed Liabin	ty Company)		
ALABAMA	3	01-0617201		
(Jurisdiction under the law of which foreign licompany is organized)	mited liability	(FEI number, if app	licable)	
5/10/2002	5.	PERPETUAL		
(Date of Organization)	(Duration: Year limited liability caxist or "perpetual")	ompany will ce	ase to
NONE				
(Date first transacted (See sections 608.501	business in Florida, & 608.502 F.S. to de	if prior to registration.) termine penalty liability)		
7051 HIGHWAY 49 SOUTH				
DADEVILLE, AL 36853			_:	
(Street Address of Pri	ncipal Office)		<u> </u>
If limited liability common is a many			•	
If limited liability company is a manag	ger-managed com	pany, cneck nere	٠	-9
The name and usual business addresse	s of the managing	members or managers are	as follows:	
		_		12
TIMOTHY EVANS 7051 HIGHWAY	49 SOUTH, DADE	/ILLE, AL 36853	<u> </u>	3 u7
JOHN W. DURR, III 7051 HIGHWA	Y 49 SOUTH, DAD	EVILLE, AL 36853	مرخ	Ļ7
 Attached is an original certificate of existence, no jurisdiction under the law of which it is organize aslation of the certificate under oath of the translat 	d. (A photocopy is no	tacceptable. If the certificate is in	l having custod a foreign langua	y of reco nge, a
. Nature of business or purposes to be	conducted or pror	noted in Florida: GENERA	AL CONTRAC	TOR
Signature of a mem	on 608.408(3), F.S., the	zed representative of a mem execution of this document constitu		<u></u>
an affirmation under the	- • • •	t the facts stated herein are true.)		
~	TIMOTHY EV			
iyp	ed or printed nam	e of Siriee		

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	the Limited Liability Company is:	
DEEN	ITERPRISES, LLC	, , , , , , , , , , , , , , , , , , ,
2. The name an	d the Florida street address of the registered agent and office are:	
	TIMOTHY EVANS	
	(Name)	
	3801 TOWNSHIP SQUARE BLVD #212	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	ORLANDO 32837 FL	
	City/State/Zip	
liability company agent and agree relating to the pr	med as registered agent and to accept service of process for the above start 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 croper and complete performance of my duties, and I am familiar with and y position as registered agent as provided for in Chapter 608, Florida Start (Signature)	ent as registered ll statutes l accept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Nancy L. Worley Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that D E Enterprises, LLC organized in the office of the Judge of Probate of Montgomery County on May 10, 2002. I further certify that the records do not disclose that said D E Enterprises, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 29, 2005

Date

Janey L. Sarley Nancy L. Worley

Secretary of State