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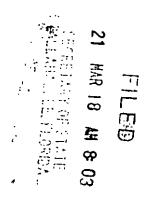
(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			
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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	FCT·	Sovereign Real Estate Group	National NC, 0	Corp.		
5 CD 5		Name (of corporation	- must	include suffix	
Dear S	Sir or Ma	adam:				
"Certif	ficate of	Application by Foreign Co Existence," or "Certificate ed foreign corporation to tr	of Good Stan	ding" a	and check are subn	
Please	return a	Il correspondence concerni	ng this matter	to the	following:	
Priscill	la Ruiz					
			Name of	Person		
Sovere	ign Real	Estate Group, Corp.				
			Firm/Com	pany		
14337	Commer	ce Way				
			Addro	2SS		
Miami	Lakes, F	L 33016				
			City/State a	nd Zip	code	
pruiz@	sovereig	nrealestategroup.com				
		E-mail address	: (to be used t	or futu	re annual report no	otification)
For fur	rther inf	ormation concerning this m	atter, please o	all:		
Todd F	eldman		954 at (815	5-4912 Daytime Teleph	
	Name	of Person	Area Cod	e	Daytime Teleph	one Number
	Regist Divisi The C 2415 Y	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Please		theck for the following amount to the payable to: FLORIDA DI ng Fee	EPARTMENT g Fee & [3 \$78.7	ATE '5 Filing Fee & fied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Sovereign Real	Estate Group National NC, Corp.			
	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORAT	ION,"	
Sovereign Real	Estate Group National NC			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transac	eting business in Florida)	
North Carolina	a 85-4272683 (FEI number, if applicable)			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
6/22/2020				
(Date	of incorporation)	(Date of duration, if oth	er than perpetual)	
n/a - no business	s transacted in Florida yet			
J	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		bility)	
2303 W. Morehea	ad St., Suite 200, Charlotte, NC 28208			
, · <u> </u>		ce street address)		
14337 Commerce	e Way, Miami Lakes, FL 33016			
	(Current mailin	g address, if different)	<u> </u>	
8. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.C. MARCOS EGIPCIACO, P.A. 14337 COMMERCE WAY	D. Box <u>NOT</u> acceptable)	MAR 18 MI 8	
	MIAMI LAKES	, Florida	03 20 20 20 20 20 20 20 20 20 20 20 20 20	
	(City)	(Zip code)	, F. —	
designated in this further agree to co and I am familiar —	ent's acceptance: ded as registered agent and to accept service application, I hereby accept the appointment of all statutes registered accept the obligations of my positions of all statutes registered agent's sincertificate of existence duly authenticated,	nent as registered agent and a elative to the proper and comp sition as registered agent.	gree to act in this capacity. I plete performance of my dutie.	
he Department of	State, by the Secretary of State or other of			

under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
Director	MIAMI LAKES, FL 33016	□Director		
President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Name:	□Chairman	Namer	
	Address:	□ Vice Chairman	_	
□ Director		□ Director		
□President		□President		
		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other		☐Other		Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
12The officer or direct	Signature of Director of Signature of Signatu	nt of State Annual Ro Officer AJ above) aftirms th	eport form.	herein are true and that he or

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SOVEREIGN REAL ESTATE GROUP NATIONAL NC, CORP.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of June, 2020, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of March, 2021.

6 laine I Marshall

Secretary of State