

706000004537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

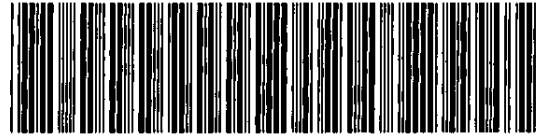
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/15/06--01017--004 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 JUL -5 AM 9:18

Wob-23081

**ELAINE M. RUSSELL, P.C.**

ATTORNEY AT LAW

301 Washington Ave.

Marietta, Georgia 30060

(770) 429-8861 Fax (770) 425-0903

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 JUL -5 AM 9:18

June 21, 2006

State of Florida  
Attention: Ms. Doris Brown  
New Filings Section  
Divisions of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Sovereign Capital, Inc. a Georgia corporation  
Reference W06- 23081

Dear Ms. Brown:

This letter is regarding the above referenced Georgia Corporation's Application for Certificate of Authority to transact business in Florida sent May 15, 2006. Enclosed please find a copy of page one of the Application by Foreign Corporation for authorization to transact business in Florida. The addition/modification on line two reflects the name "Sovereign Capital of Georgia, Inc.", which you had indicated was available for use in Florida. You had indicated in our telephone conversation that you have retained the remainder of the Application and fees sent previously.

Thank you for your assistance in this matter.

Sincerely,

**ELAINE M. RUSSELL, P.C.**

  
Elaine M. Russell

Enclosure  
cc: C. Johnston

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DIVISION OF CORPORATIONS  
06 JUL -5 AM 9:18

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Sovereign Capital, 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," 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:

Elaine M. Russell

(Name of Person)

Elaine M. Russell, P.C.

(Firm/Company)

301 Washington Ave

(Address)

Marietta, GA 30060

(City/State and Zip code)

For further information concerning this matter, please call:

Elaine M. Russell

(Name of Person)

at ( 770 ) 429 8861

(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

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION:  
06 JUL -5 AM 9:18

May 18, 2006

ELAINE M. RUSSELL  
301 WASHINGTON AVE  
MARIETTA, GA 30060

SUBJECT: SOVEREIGN CAPITAL, INC.  
Ref. Number: W06000023081

We have received your document for SOVEREIGN CAPITAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Both names are considered the same.

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) 245-6972.

Doris Brown  
Document Specialist

Letter Number: 706A00035169

# 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.

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 JUL -5 AM 9:19

1. Sovereign Capital, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")  
Sovereign Capital of Georgia, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia 3. 20-3374474  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-14-2005 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 2006  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Two Premier Plaza 5607 Glenridge Drive Suite 430 Atlanta, GA 30342  
(Principal office address)  
Same as above  
(Current mailing address)
8. All purposes available under the law including lending  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)
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.*  
CT Corporation System  
By: Mary R. Adams MARY R. ADAMS  
(Registered agent's signature) ASSISTANT SECRETARY
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:

## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: Christopher B. JohnstonAddress: Two Premier Plaza 5607 Glenridge Drive Suite 430  
Atlanta, GA 30342

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

## B. OFFICERS

President: Christopher B. JohnstonAddress: Two Premier Plaza 5607 Glenridge Drive Suite 430  
Atlanta, GA 30342(Director of Operations) C. Anthony Swainey, Jr.Address: Two Premier Plaza 5607 Glenridge Drive Suite 430  
Atlanta, GA 30342

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

CHRISTOPHER B. JOHNSTON, PRESIDENT

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

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 061120452  
CONTROL NUMBER : 0576754  
DATE INC/AUTH/FILED: 11/14/2005  
JURISDICTION : GEORGIA  
PRINT DATE : 04/22/2006  
FORM NUMBER : 211

FILED STATE  
SECRETARY OF CORPORATION  
06 JUL -5 AM 9:19

ELAINE M. RUSSELL  
301 WASHINGTON AVE  
MARIETTA, GA 30060

**CERTIFICATE OF EXISTENCE**

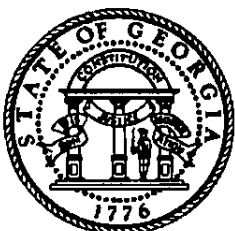
I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**SOVEREIGN CAPITAL, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Cathy Cox*

Cathy Cox  
Secretary of State