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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

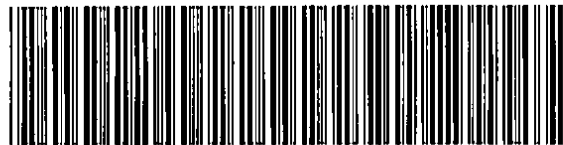
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STATE OF FLORIDA  
TALLAHASSEE

JAN -7 2021

Brumby

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 597430, 4802694  
AUTHORIZATION :  
COST LIMIT : \$ 70.00

-----  
ORDER DATE : January 5, 2021

ORDER TIME : 10:51 AM

ORDER NO. : 597430-005

CUSTOMER NO: 4802694  
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FOREIGN FILINGS

NAME: SOVEREIGN HYDROSEAL EAST INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sovereign Hydroseal East 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:

Donna R. Van Reysen, Senior Paralegal

Name of Person

Locke Lord LLP

Firm/Company

2800 Financial Plaza

Address

Providence, RI 02903

City/State and Zip code

donna.vanreysen@lockelord.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna R. Van Reysen, Senior Paralegal, Locke Lord LLP at ( 401 ) 447-9029

Name of Person	Area Code	Daytime Telephone Number
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**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.**

1. Sovereign Hydroseal East Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 85-0870246  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 27, 2020 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 32-02 Vernon Boulevard, Astoria, NY 11106  
(Principal office street address)  
32-02 Vernon Boulevard, P.O. Box 6466, Astoria, NY 11106  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

9. 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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

*Amanda E. Robinson*  
Amanda Robinson, Assistant Vice President

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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AND  
FILED

2021 JAN -6 AM 9:10

**A. DIRECTORS**

☐ Chairman Name: Nico Grobler  
☐ Vice Chairman Address: 32-02 Vernon Boulevard  
☒ Director Astoria, NY 11106  
☐ President  
☒ Vice President Operations  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Vincent M. Kiernan  
☐ Vice Chairman Address: 26 Catoonah Street, P.O. Box 209  
☐ Director Ridgefield, CT 06877  
☐ President  
☐ Vice President  
☒ Secretary ☐ Treasurer  
☐ Other ☐ Other

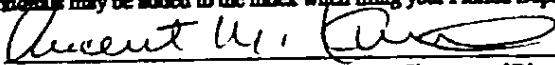
☐ Chairman Name: Deon van Dyk  
☐ Vice Chairman Address: 32-02 Vernon Boulevard  
☒ Director Astoria, NY 11106  
☐ President  
☒ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Volker P. Ebert  
☐ Vice Chairman Address: 32-02 Vernon Boulevard  
☐ Director Astoria, NY 11106  
☒ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.   
Vincent M. Kiernan, Secretary Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Vincent M. Kiernan, Secretary  
(Typed or printed name and capacity of person signing application)

**State of New York**  
**Department of State** } **ss:**

*I hereby certify, that the Certificate of Incorporation of SOVEREIGN HYDROSEAL EAST INC. was filed on 04/27/2020, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 05th day of January  
two thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State