F98000002199

To: Qualification/Tax Lien Section Division of Corporations
SUBJECT: SOVEREIGN FINANCIAL INCORPORATIONS (Name of corporation - must include suffix)
Dear Sir or Madam: -04/17/98-01078-001 ******70.00 ******70.00 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:
MAURICE H PATTERSON JR. (Name of Person)
SOUGREIGN FINANCIAL FNC (Firm/Company)
20 WESTCHESTER WAY (Address) WARWICK RT 02886 (City/State/Zip)
Should you need to call someone concerning this matter, please call:
MAURICE H. PATTERSON at (401) 781-9442 (Name of Person) (Area Code & Daytime Telephone Number)
COURIER ADDRESS: MAILING ADDRESS: $4/26$

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 FINANCIAL INCORPORATED
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
2 PHODE TSLAZIO 3. 04-3358093
2. RHODE ISCALO (State or country under the law of which it is incorporated) 3. 04-3358093 (FEI number, if applicable)
4. 12/12/96 Date of incorporation) 5. Perfeture (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
c out a stop
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 20 WESTCHESTER WAY, WARNICK RF 02886
98 V
(Current mailing address)
(Out-table 1)
8. FURCHASE AND BALE OF KERE TROPORTY, EQUIPMENT FINANCE = 20
8. Purchase and Bace of Real Proporty, Equipment Finance = 300 (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 or Mail Drop Box NOT acceptable)
contract the second
Name: JOSEPH R. KALISH
Office Address: 3820 NORTHDALE BLUD. Soine 307-A
TAMPA, Florida, 33624 (Zip code)
(Zip code)
10. Registered agent's acceptance:
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.
K/VM/15KGV/V/
(Registered agent's signature)
/ Myzesierer aserr 2 sistiatine)
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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

Chairman: Address: Vice Chairman: Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Address: Director: Address: Address: Constant of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	A. DIRECTORS (Street address only - P.O. Box NOT acceptable)					
Vice Chairman: Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: Director: Address: Address: Treasurer: Address: Address: Treasurer: Address: Address:	Chairman:	<u> </u>				
Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: MAURICE H. PATTERSON TO Address: Vice President: Address: Vice President: Address: Secretary: Address: Treasure: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	Address:					
Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: MAURICE H. PATTERSON TR Address: Vice President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)						
Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: MAURICE H. PATTORSON TO Address: Vice President: Address: Secretary: Address: Treasurer: Address: Treasurer: Address: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	Vice Chairman:					
Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Manager H. Patterson T. Address: 20 New City Stew UTV Vice President: 17 New York P.O. Box NOT acceptable) Vice President: 17 New York P.O. Box NOT acceptable) Secretary: Address: 20 New City Stew UTV Address: 20 New City Stew UTV Secretary: Address: 20 New City Stew UTV Address: 20 New City Stew UTV Secretary: Address: 20 New City Stew UTV Secretary: Address: 20 New City Stew UTV Secretary: Address: 21 NoTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. IS. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	Address:					
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B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: MAURICE H. PATTERSON TR Address: DAW STELLE STER WAY Vice President: T.						
President: MAURICE H. PATTERSON TR Address: 20 VESTCHESTER WAY Vice President: 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
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Address: Secretary: Address: Treasurer: Address: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	Vice President:	-	$\frac{\sim}{1}$	27		
Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	Address:			SE SE		
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	13. /V/V/ (Signature of Ch	airman, Vice Chairman, or any officer listed in number 12 of the application)				
14. MAURICE H. TATTERSON SIR.	14. MAURICE H. T	MITERSON TR.				

James R. Langevin, Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Sovereign Financial, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on the twelfth day of December A.D., 1996; and

IT IS FURTHER CERTIFIED that said corporation is now of record and has a legal existence in this office.

SIGNED AND SEALED this first day

April, A.D. 1998.

James R Langevin

Secretary of State

Duly Authorized Agent Secretary of State

Corporations Division

