

F98000006679

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Southport Financial Services, 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:

800002705778--7

-12/08/98--01032--003

\*\*\*\*87.50 \*\*\*\*87.50

Peter H. Leach

(Name of Person)

Southport Financial Services, Inc.

(Firm/Company)

3000 Gulf to Bay Blvd, Suite 301

(Address)

Clearwater, FL 33759

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Janie Goodin

(Name of Person)

at (727) 669-3660

(Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

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STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

**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. Southport Financial Services, Inc.  
(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. Washington State 3. 91-1547614  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Oct 28, 1991 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 4/1/98  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3000 Gulf to Bay Blvd, #301  
Clearwater, FL 33759  
(Current mailing address)

8. any legal business  
(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)

Name: Peter H. Leach

Office Address: 3000 Gulf to Bay Blvd, #301  
Clearwater, Florida, 33759  
(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.*

Peter H. Leach  
(Registered agent's signature)

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)

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: J. David Page

Address: 4 Charles Davis Road  
Wenham, MA 01984

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

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

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

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: J. David Page

Address: 4 Charles Davis Road  
Wenham, MA 01984

Vice President: \_\_\_\_\_

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

Secretary: J. David Page

Address: 4 Charles Davis Rd.  
Wenham, MA 01984

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

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

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

13. X J. David Page  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. J. David Page, President  
(Typed or printed name and capacity of person signing application)

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# STATE of WASHINGTON



## SECRETARY of STATE

I, **RALPH MUNRO**, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

**SOUTHPORT FINANCIAL SERVICES, INC.**

I **FURTHER CERTIFY** that the records on file in this office show that the  
above named profit corporation was formed under the laws of the  
State of Washington and was issued a Certificate of Incorporation  
in Washington on October 28, 1991.

I **FURTHER CERTIFY** that as of the date of this certificate, no Articles of Dissolution  
have been filed, and that the corporation is duly authorized to  
transact business in the corporate form in the State of Washington.

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Date: November 19, 1998

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

  
SMc  
Ralph Munro, Secretary of State