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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

Sovereign Realty Associates G.P., Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
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8-15-12

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Sovereign Realty Associates G.P., Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Michael A. Costa, Paralegal

Name (Printed or typed)

c/o McLaughlin & Quinn, LLC

148 West River Street - Suite 1E

Address

Providence, Rhode Island 02904

City, State & Zip

[401] 421-5115

Daytime Telephone number

mcosta@mcLaughlinquinn.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Sovereign Realty Associates G.P., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3060 Mallet Hill Court
Wellington, FL 33414

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

investing in real estate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: F. Moore McLaughlin, IV, Esq.

Address: 148 West River Street - Suite 1E
Providence, Rhode Island 02904

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By:

C T Corporation System

Required Signature/Registered Agent

AMY BERTELETTI
VICE PRESIDENT

August 14, 2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

F. Moore McLaughlin

Required Signature/Incorporator

August 14, 2012

Date

12 AUG 14 PM 4:05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA