## P23000006187

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u> </u>					

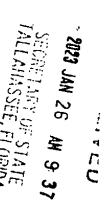
Office Use Only



400400519364

S. CHATHAM S. JEB

23 JAN 26 PH 4: 07



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 414505 4802694
AUTHORIZATION: Squelle le man.
COST LIMIT : \$ 70.0
ORDER DATE : January 26, 2023
ORDER TIME : 2:07 PM
ORDER NO. : 414505-005
CUSTOMER NO: 4802694
DOMESTIC FILING
NAME: SOVEREIGN WATER SEALING INC.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INTTIALS:

## **COVER LETTER**

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

SUBJECT:	Sovereig	n Water Sealing Inc.		
SUBJECT		(PROPOSED CORPOR	VTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are a	ın origin	al and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70. Filing F		☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of
		ADDITIONAL COPY		Status PPY REQUIRED
FROM	Jessi 1:	ca Davis c/o Locke Lord LLP	e (Printed or typed)	
	2800	Financial Plaza	Address	
	Provid	lence, RI 02903	Address	
		City	State & Zip	
		•	elephone number	<del>.</del>
	Jessica ———	.davis@lockelord.com	d for future annual report n	otification)
		E-mail adoless: (10 pg dsc	o roccanare annuar report n	ouncation)

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)

ICLE I NAM name of the corpo	NCIBAL OFFICE			
	VCIPAL OFFICE Principal street address Orive, Suite 3002		Mailing address, if different is:  2711 South Ocean Drive, Suite 3002  c/o John Savignano	
ywood, FL 330			od, FL 33019	
ICLE III PUR	POSE			
	the corporation is organized is:			
indwater contai	nment and sealing and any or all other la	awful activities or	business permitted under the la	
e United States	s, the State of Florida or any other state,	country, territory	or nation.	
<del></del> -		<del></del>		
<u> </u>		<del> </del>		
			· · · · · · · · · · · · · · · · · · ·	
ICLE IV SHA umber of shares o				
umber of shares of	of stock is: 1,000  IAL OFFICERS AND/OR DIRECTORS		Nico Grobler - VP. Director	
umber of shares of CLE V INIT.  Name and Til	of stock is:	Name and Title		
umber of shares of	IAL OFFICERS AND/OR DIRECTORS  Deon van Dyk - President, Director  32-02 Vernon Boulevard	Name and Title Address:	32-02 Vernon Boulevard	
umber of shares of CLE V INIT.  Name and Til	of stock is:  IAL OFFICERS AND/OR DIRECTORS  Deon van Dyk - President, Director	_	<u> </u>	
umber of shares of CLE V INIT.  Name and Til	MAL OFFICERS AND/OR DIRECTORS  Deon van Dyk - President, Director  32-02 Vernon Boulevard  Astoria, NY 11106	Address: 	32-02 Vernon Boulevard  Astoria, NY 11106  Vincent M. Kiernan - Secretary	
umber of shares of CLE V INITAL Name and Till Address	MAL OFFICERS AND/OR DIRECTORS  Deon van Dyk - President, Director  32-02 Vernon Boulevard  Astoria, NY 11106	_	32-02 Vernon Boulevard  Astoria, NY 11106  Vincent M. Kiernan - Secretary	
CLE V INITAL Name and Title  Name and Title  Name and Title	Deon van Dyk - President, Director  32-02 Vernon Boulevard  Astoria, NY 11106  Volker P. Ebert - VP of Operations	Address:  Name and Title	32-02 Vernon Boulevard Astoria, NY 11106  Vincent M. Kiernan - Secretary	
CLE V INITAL Name and Title  Name and Title  Name and Title	Deon van Dyk - President, Director  32-02 Vernon Boulevard  Astoria, NY 11106  Volker P. Ebert - VP of Operations 32-02 Vernon Boulevard	Address:  Name and Title	32-02 Vernon Boulevard Astoria, NY 11106  Vincent M. Kiernan - Secretary 26 Catoonah Street, PO Box 20	
CLE V INITAL  Name and Til  Address  Name and Titl  Address	Astoria, NY 11106  Volker P. Ebert - VP of Operations 32-02 Vernon Boulevard Astoria, NY 11106	Address: Name and Title Address:	32-02 Vernon Boulevard Astoria, NY 11106  Vincent M. Klernan - Secretary 26 Catoonah Street, PO Box 20 Ridgefield, CT 06877	
CLE V INITAL  Name and Til  Address  Name and Titl  Address	Deon van Dyk - President, Director  32-02 Vernon Boulevard  Astoria, NY 11106  Volker P. Ebert - VP of Operations 32-02 Vernon Boulevard	Address: Name and Title Address:	32-02 Vernon Boulevard Astoria, NY 11106  Vincent M. Klernan - Secretary 26 Catoonah Street, PO Box 20 Ridgefield, CT 06877	
CLE V INITAL  Name and Til  Address  Name and Titl  Address	Astoria, NY 11106  Volker P. Ebert - VP of Operations 32-02 Vernon Boulevard Astoria, NY 11106	Address: Name and Title Address: Name and Title Name and Title	32-02 Vernon Boulevard Astoria, NY 11106  Vincent M. Klernan - Secretary 26 Catoonah Street, PO Box 20 Ridgefield, CT 06877	

Name and	l Tide:	Name and Title:	-	
Address		Address:	-	
	PEGISTERED AGENT Pridn street address (P.O. Box NOT acceptable) (	of the envistment agent is:		
Name:	Corporation Service Company	The registered agent is.		
Address:	1201 Hays Street	_		
	Tallahassee, FL 32301	-		
		_	~	5
ARTICLE VII I	NCORPORATOR		23	OIVISIUS
The name and add	Iress of the Incorporator is:		JAN	=
Name:	Vincent M. Kiernan		26	Ç
Address:	26 Catoonah Street, PO Box 209	<b>-</b>	P₽	٠,
	Ridgefield, CT 06877	_	<del></del>	·
			<b>4:</b> 07	
Effective date if o	EFFECTIVE DATE: ther than the date of filing:	(OPTIONAL)		
		ot be more than five days prior or 90 days after the		
	nserted in this block does not meet the applicable ective date on the Department of State's records	e statutory filing requirements, this date will not be listed as	i	
certificate, I am fai	miliar with and accept the appointment as registe		is	
Alexx	Weight assistent varies  Required Signature/Registered Agent	kunt 01/26/2023		
	Required Signature/Registered Agent	Date		
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the false information submitted in a	a	
	partment of State constitutes a third degree felor	ny as provided for in s.817.155, F.S.		
bucen	1 he Kano	1/20/2023		
Required Signature	/Incorporator	Date		