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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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O. BRUCE

Amount: \$

Verifier \_\_\_\_\_ W.P. Verifier

## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Bluewater Co	genpar, li	nc.		
		n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence," or "Certification to the component of the comp	ate of Good Sta	nding" and check are sub		
Please return all correspondence conce David H. Crawford	rning this matte	er to the following:		
	Name of			
Womble Carlyle Sandr	idge & R	ice LLP		
PO Box 999	Firm/Con	npany		
Charleston, South Car	Addr Olina, 294			
dherman@zpi.net	City/State a	and Zip code		
	·	for future annual report i	notification) SECRETALLAHA:	
David H. Crawford	<sub>at (</sub> 843	, 722-3400	ARY SSE	FILE
Name of Person  STREET/COURIER ADDRE New Filing Section	Area	Code & Daytime Telepho MAILING A New Filing Se	STATE LORIDASE DDRESS:	ED
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Division of Co P.O. Box 6327 Tallahassee, F	orporations 7	÷
Enclosed is a check for the following as	mount:			
□ \$70.00 Filing Fee □ \$78.75 Fil Certificat	ing Fee & C e of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of	Status &

## 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.

<sub>1.</sub> Bluewate	r Cogenpar, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIC	N,"
(If name unavaila	ble in Florida, enter alternate corporate name ad	lopted for the purpose of transact	ing business in Florida)
<sub>2.</sub> South Ca	ırolina 3	47-433259	7
`	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
<sub>4.</sub> June 22,	J	2065	
(Date	of incorporation)	(Duration: Year corp. will cease	to exist or "perpetual")
6		31 1 1 6	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150		ility)
<sub>7</sub> 200 Wingo	o Way, Suite 100, Mt. Plea	sant, SC 29464	
·	(Principal office addre		· · · · · · · · · · · · · · · · · · ·
200 Wingo	o Way, Suite 100, Mt. Pleasa	nt, SC 29464	
	(Current mailing addre	ss)	20 TA:
		D. NOT. (III)	2015 J SECRI
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	JUN Z
Name:	C T Corporation System		Zu / SSEE, I
Office Address:	1200 Pine Island Road		
	Plantation	, Florida 33324	) IO: 24 STATE LORIDA
	(City)	(Zip code)	_
designated in this further agree to c	ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes re- amiliar with and accept the obligations of	ent as registered agent and ag lative to the proper and comp	gree to act in this capacity. I lete performance of my
	(Registered agent's sign	nature)	

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. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Stephen J. Ziff	
Address: 200 Wingo Way, Suite 100, Mt. Pleasant, SC 29464	
Vice Chairman: Timothy J. Walter	
Address: 200 Wingo Way, Suite 100, Mt. Pleasant, SC 29464	
Director:	
Address:	
	201 TAS
Director:	CORE JU
Address:	N 24 ASS
Additions.	E P D
B. OFFICERS	OR P
President: Stephen J. Ziff	2u TE BIDA
Address: 200 Wingo Way, Suite 100, Mt. Pleasant, SC 29464	
Address:	
Vice President: Timothy J. Walter	
Address: 200 Wingo Way, Suite 100, Mt. Pleasant, SC 29464	
Address:	/
Secretary: Timothy J. Walter	
200 Wingo Way Suite 100 Mt Pleasant SC 29464	
Timothy I Walter	
200 Mingo May Suito 100 Mt Plansant SC 20464	
	,
NOTE: If necessary, you may attach an addendurate incapplication deting additional offi	cers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirm	is that the facts stated herein
The critical of an even signing this december, can write is instead in number 12 above) affilm	is that the facts stated hereill

The officer or director signing this document (and who is listed in number 12 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. Timothy J. Walter as Vice President of Bluewater Cogenpar, Inc.

## The State of South Carolina



Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

#### BLUEWATER COGENPAR, INC.,

a corporation duly organized under the laws of the State of South Carolina on June 22nd, 2015, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 22nd day of June, 2015.

Mark Hammond, Secretary of State