F17000001024

(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:							
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Office Use Only

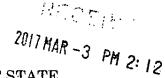


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FLORIDA DEPARTMENT OF STATE Division of Corporations The All Colors of Corporations of Corpor

February 21, 2017

JOHN YUDIN 55 E OCEAN BLVD STUART, FL 34994

SUBJECT: BLUE WATERS ENTERPRISE, INC.

Ref. Number: W17000015053

We have received your document for BLUE WATERS ENTERPRISE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 117A00003364

Shu Wakung Sunthur Shu

COVER LETTER

TO:	Registration Se					
	Division of Co	•				
erm i		ters Enterprise, Inc.				
SUBJ	IECT:	Name	of corpora	tion	- must include suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existent		e of Good	Stand	ling" and check are sub	ct Business in Florida," emitted to register the
Please John Y		pondence concert	ning this ma	atter	to the following:	
			Name	of P	erson	
Guy Y	udin & Foster, LLI	Р.				
55 E C	ocean Blvd.		Firm/0	Comp	pany	
Stuart,	FL 34994	•	A	ddres	S	
jetblue	thb@aol.com		City/Sta	te an	d Zip code	
	·	E-mail addres	s: (to be us	ed fo	or future annual report r	notification)
For fu	rther information	concerning this r	natter, plea	se ca	dl:	
John Yudin			772		286-7372	
,,,,,,	Name of Perso	n	at (Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations					MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for	the following am	ount:			
9 \$70	0.00 Filing Fee	S78.75 Filin Certificate			\$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. Blue Waters Enterprise, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 47-2040449 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1810 Paradise Camp Rd., Harrodsburg, KY 40330 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) GuyYudin& Foster, LLP. Name: 55 SE Ocean Blvd. Office Address: Stuart (City) 9. 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.

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 Vice Chairman: __ Address: _ B. OFFICERS Tom Baker President: 1810 Paradise Camp Rd. Address: Harrodsburg, KY 40330 Vice President: Address: _ Karol Poulos Secretary: 1810 Paradise Camp Rd., Harrodsburg, KY 40330 Address: Karol Poulos Treasurer: 1810 Paradise Camp Rd., Harrodsburg, KY Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Tom Baker, President

13. 10m 11. BAKER PRESIDENT

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUE WATERS ENTERPRISE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5617737 8300 SR# 20170314899 Authentication: 201946472

Date: 01-27-17