# F21000006485

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T. LEMIEUX NOV 1 3 2021

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations							
SUBJ	ECT: Bridgewat	er Consulting Group	o, Inc.					
5020		Name o	of corporation	n - mus	t include suffix			
Dear S	ir or Madam:							
"Certif	icate of Existence		of Good Sta	mding"	and check are sub	et Business in Florida," mitted to register the		
Please	return all corresp	ondence concerni	ng this matte	er to the	following:			
Nichola	is Lizarraga							
			Name o	f Persor	1			
Bridge	water Consulting G	roup, Inc.						
			Firm/Co	mpany				
18881	Von Karman Ave S	Suite 1450						
			Add	ress	•			
Irvine,	CA 92612							
			City/State	and Zip	code			
contrac	ts@bridgeweg.com	1						
		E-mail address	(to be used	for futi	ire annual report r	oufication)		
For fur	ther information	concerning this ma	atter, please	call:				
Nicholas Lizarraga 949			de Daytime Telephone Number					
	Name of Person	n	Area Co	de	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314			
Please i		the following amo e to: FLORIDA DE \$78.75 Filing Certificate o	PARTMEN 3 Fee &	□ <b>\$</b> 78.	FATE 75 Filing Fee & ified Copy	S87.50 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.	Bridgewater Consulting Group, Inc.								
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")								
	(If name unavail	lable in Florida, enter alternate corporate nan	e ado	pted for the purpose of transact	ting business in Florida)				
2.	California		47-	2848794					
(State or country under the law of which it is incorporate			ed) (FEI number, if applicable)						
٠.	(Date of incorporation)		·,	(Date of duration, if othe	ner than perpetual)				
6.	·								
		(Date first transacted business (SEE SECTIONS 607.1501 & 607.			ility)				
7	18881 Von Karm	an Ave Suite 1450 Irvine, CA 92612							
•		(Principal o	ffice <u>s</u>	treet address)					
					. 22				
	_	(Current mai	ing a	ldress, if different)					
8.	Name and street	<u>et address</u> of Florida registered agent: (P	O. B	ox <u>NOT</u> acceptable)	7 - S - E				
	Name:	Registered Agents Inc.		_					
Off	Mice Address:	7901 4th St N STE 300		_	M D 48				
		St. Petersburg		. Florida <sup>33702</sup>	, 0				
		(City)		(Zip code)					

### 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.

Registered Agents Inc.
Bill Havre - Assistant Secretary
(Registered agent's signature)

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.

#### A. DIRECTORS Mark Montgomery □Chairman Name □Chairman 18881 Von Karman Ave □Vice Chairman Address: Address: ☐ Vice Chairman Suite 1450 □ Director □Director Irvine CA 92612 ■President ☐ President ☐ Vice President ☐ Vice President □Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_ Name. □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_\_ □ Director □Director □President □ President □ Vice President ☐ Vice President □Secretary □Treasurer □ Secretary ☐'freasurer □Other \_\_\_\_ ☐ Other \_\_\_\_\_ □Other \_\_\_ □Other \_\_\_\_\_ □Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ Address: \_\_\_\_\_ □ Vice Chairman □Director □Director □President □President □Vice President \_\_\_\_\_\_ □ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Mark Montgomery President



I. SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** 

BRIDGEWATER CONSULTING GROUP, INC.

File Number:

C3742207 01/06/2015

Registration Date: Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

As of October 31, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

SEAL OF THE OFFICE OF THE OFFI

IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of November 1, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: RADLKLR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.