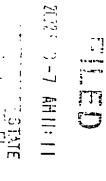
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WATERSTONE INNOVATIONS GROUP, INC.

TYPE OF FILING: APPLICATION

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COVER LETTER

TO:		tration Section ion of Corporations				
SUBJ	ECT:	Waterstone Innovations Grou	p, Inc.			
DODG	EQ1.	Name o	of corporation	on - must i	nclude suffix	
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Sta	ınding" an	id check are subn	t Business in Florida." nitted to register the
Please	return a	all correspondence concerni	ng this matt	er to the fo	ollowing:	
David F	Kidd					
-		-	Name o	f Person		
Waterst	tone Inn	ovations Group, Inc.				
			Firm/Co	mpany		
7629 N	W 143r	d Sı				
			Add	ress		
Alachua	a, Fl. 32	2615				
dkidd@)waterst	onegroups.com	City/State	and Zip co	ode	
-	<u></u>	E-mail address	(to be used	for future	annual report no	otification)
For fur	ther inf	formation concerning this ma	atter, please	call:		
David I	Cidd		at (443-9	201	
	Name	e of Person	Area Co		Daytime Teleph	one Number
	Regist Divisi The C 2415 I	ET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	5:		MAILING AD Registration Sc Division of Cor P.O. Box 6327 Tallahassec, FL	ction porations
	nake che	check for the following amore payable to: FLORIDA DE ag Fee	PARTMENT Fee &	□ \$78.75	TE Filing Fee & ed 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.

Waterstone Inno	ovations Group, Inc.					
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORAT	ION."			
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transaction	cting business in Florida)			
Delaware		3. 87-4536379	7-4536379			
(State or countr	y under the law of which it is incorporated)	(FEI number, i	f applicable)			
November 12, 2	021	5.				
(Date of incorporation) 5.		(Date of duration, if oth	ner than perpetual)			
		s in Florida, if prior to registration) .1502, F.S., to determine penalty lia	bility)			
2140 South DuPc	ont Highway, Camden, Delaware 19934					
		office street address)				
7629 NW 143rd	St, Alachua, FL 32615					
	(Current mai	iling address, if different)				
Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)				
Tice Address:	5608 Northwest 43rd Street		-7			
	Gainesville	, Florida				
	(City)	(Zip code)				
Registered ago	ent's acceptance:		m —			
aving been nam	ed as registered agent and to accept ser					
rther agree to c	application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my	relative to the proper and comp				
id I am familiar	,					
d I am familiar						
nd I am familiar —	John F. Roscow, IV (Registered agent's					

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 David Kidd Arnau Porto ☐ Chairman □ Chairman Name: 7629 NW 143rd St 7629 NW 143rd St ☐ Vice Chairman Address: □Vice Chairman Address: Alachua, FL 32615 Alachua, FL 32615 Director Director President □ President ☐ Vice President □Vice President ☐ Secretary □Treasurer □Secretary □Treasurer ■Other CEO □Other ____ Other _____ Tyler Russell McCall □ Chairman Name: ☐ Chairman 7629 NW 143rd St □Vice Chairman Address: □ Vice Chairman Address: Alachua, FL 32615 Director □ Director □President □President □ Vice President □ Vice President ■ Secretary Treasurer ☐ Secretary Treasurer □Other _____ □Other □Other _____ ☐Other _____ □ Chairman Name: _____ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □ Director □Director □ President □ President □Vice President ___ ☐ Vice President ☐ Secretary Treasurer ☐ Secretary □ Treasurer □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.

(Typed or printed name and capacity of person signing application)

David Kidd, President and CEO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WATERSTONE INNOVATIONS GROUP, 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 THIRD DAY OF FEBRUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATERSTONE INNOVATIONS GROUP, INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 202571786

Date: 02-03-22