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## **COVER LETTER**

	tration Section on of Corporations			
SUBJECT:	Bluewater Consulting Group	o, Inc.		
SUBJECT.	Name	of corporation - 1	must include suffix	
Dear Sir or M	adam:			
"Certificate of		e of Good Standir	athorization to Transact Business in ng" and check are submitted to regis in Florida.	
Please return a	all correspondence concern	ing this matter to	the following:	
Wendy Crawfo	rd-Schultz			
		Name of Pe	rson	
Bluewater Con	sulting Group, Inc.			
		Firm/Compa	iny	<del></del>
2130 Beechwo	od Avenue			
		Address		
Wilmette, IL 60	0091			20
	,	City/State and	Zip code	2012 HAR
wcs24@msn.co	om			7. R
	E-mail addres	s: (to be used for	future annual report notification)	
For further inf	ormation concerning this r	natter, please call	l:	PHII: 22
Wendy Crawfo	rd-Schultz	at ()	3452000	: 22
Name	e of Person	Area Code	Daytime Telephone Number	,. 1
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 Tallahassee, FL 32314		
	check for the following am eck payable to: FLORIDA D ng Fee  S78.75 Fili Certificate	EPARTMENT O	378.75 Filing Fee & 🔲 \$87.50 F	ate 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.

(Enter name of c	sulting Group, Inc. orporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION	<del></del>		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
BCG Bluewater	Consulting Group, Inc.				
(If name unavail	able in Florida, enter alternate corporate name	, , ,	business in Florida)		
Illinois	3	82-3296694	:-3296694		
	under the law of which it is incorporated) (FEI number, if applicable)				
1/29/2018	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
5.					
		n Florida, if prior to registration) 502, F.S., to determine penalty liability	y)		
1504 Bay Road	#2303 Miami Beach, Florida 33139				
·	(Principal offi	ice <u>street</u> address)			
2130 Beechwood	d Avenue, Wilmette, IL 60091				
	(Current mailir	ng address, if different)			
<ol><li>Name and street</li></ol>	et address of Florida registered agent: (P.C	). Box NOT acceptable)			
Name:	Bryce Crawford				
Office Address:	1504 Bay Road, #2303	·	20		
ymee raaress.	Miami Beach	, Florida 33139	022 HAR 18		
	(City)	(Zip code)	- <del>7</del>		
Registered age	ent's acceptance:		<b>~</b>		
Having been nam	ed as registered agent and to accept servi				
	application, I hereby accept the appointm				
	omply with the provisions of all statutes r with and accept the obligations of my po		perjormance of my auto		
•	$\mathcal{A}$	0 0			
	Con.				
	Upor prose	<del></del>			
	(Registered agent's si	gnature)			

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 Wendy Crawford-Schultz Chairman ☐ Chairman 1504 Bay Road, #2303 Address: □ Vice Chairman ☐Vice Chairman Address: Miami Beach, FL 33139 ■ Director □ Director President ☐ President □Vice President □Vice President ■ Secretary Treasurer ☐ Treasurer ☐ Secretary ☐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 \_\_\_\_ □ Chairman Name: □ Chairman Name: \_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □ President □President □Vice President \_ ☐ Vice President Treasurer ☐ Secretary ☐ 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. 12. Wendy Crawford-Schultz 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. Wendy Crawford-Schultz

### File Number

7152-295-4



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BLUEWATER CONSULTING GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 29, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of FEBRUARY A.D. 2022 .

Authentication #: 2204103226 verifiable until 02/10/2023

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE