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2023 F. 1 -- 5 Pr 4: 0.6

S. ROBERTS

COVER LETTER

Divisi	on of Corporations			
CHD IF CT.	Matthews Development Corporation			
SODJECT.	Name of corporation - must include suffix			
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corpo f Existence," or "Certificate of ced foreign corporation to trans	Good Standi	ing" and check are submitted	ness in Florida," to register the
Please return	all correspondence concerning	this matter to	o the following:	
Robert Matthe	ws			
		Name of Pe	erson	
Matthews Dev	elopment Corporation			
		Firm/Comp	any	
1875 Old Will	ow Rd. #115			
		Addres	S	
Northfield, IL	60093			
	C	lity/State and	d Zip code	
robert@theblu	ewatercompanies.com			
	E-mail address: (t	o be used fo	r future annual report notifica	ition)
For further in	formation concerning this matter	er, please ca	11:	
Robert Matthe	Robert Matthews at (at (735-4461	
Nam	ne of Person	Area Code	Daytime Telephone	Number
Regi Divis The (2415	EFT/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303		MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions
Enclosed is a Please make c \$70.00 Fi	t check for the following amour heck payable to: FLORIDA DEP, ling Fee	ARTMENT (OF STATE \$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.

i.	opment Corporation		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
		The state of the s	ages in Florida)
(If name unavaila	ible in Florida, enter alternate corporate name ac		
2. Illinois	y under the law of which it is incorporated)	6-3845404 (FEI number, if applicab	· · · · · · · · · · · · · · · · · · ·
		(FEI number, if applicable)	le)
4. August 17, 1992	of incorporation) 5		
(Date	of incorporation)	(Date of duration, if other than pe	erpetual)
6		of the interest of the land	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)	
7 1875 Old Willow	Rd. #115 Northfield IL 60093		
	(Principal office	street address)	
		•	
(Current mailing address, if different)			
	·		्रें
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	1
Maria	INTERPOLE DECICEDED ACENTS INC		
Name:			
Office Address:	1317 California Street	<u></u>	
	Tailahassee	Florida 32304	0
	(City)	, Florida <u>32304</u> (Zip code)	6
	• • • • • • • • • • • • • • • • • • • •	, -	
9. Registered ag	ent's acceptance:		posation at the place
Having been nam	ned as registered agent and to accept service application, I hereby accept the appointm	e oj process jor the above statea corp om as registered agent and agree to t	ect in this capacity. I
further agree to c	omply with the provisions of all statutes re	lative to the proper and complete per	formance of my dutie
and I am familiar	with and accept the obligations of my pos	itlon as registered agent.	
	M. Man		
_	(Registered agent's sig	nature)	
			mar Parks sa
10. Attached is a	certificate of existence duly authenticated, i	not more than 90 days prior to deliver	or this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Robert W. Matthews Name: _____ □ Chairman □ Chairman 1875 Old Willow Rd. #115 Address: □ Vice Chairman Address: □ Vice Chairman Northfield, IL 60093 Director □ Director President □President □Vice President □ Vice President □Treasurer ☐ Secretary □ Treasurer Secretary □Other ______ Other _____ □Other _____ □Other _____ Name: _____ Name: _____ □ Chairman □ Chairman □ Vice Chairman Address: □Vice Chairman Address: _____ □ Director Director □ President □ President □Vice President □Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ ☐ Other _____ Name: □ Chairman □Chairman Address: □Vice Chairman □Vice Chairman Address: _____ ☐ Director □ Director President □ President ☐ Vice President □Vice President □Treasurer □Treasurer ☐ Secretary ☐ Secretary 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.

File Number

5695-070-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

MATTHEWS DEVELOPMENT CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 17, 1992, 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 IST day of FEBRUARY A.D. 2023.

Authentication #: 2303203764 verifiable until 02/01/2024

Authenticate at: https://www.ifsos.gov

Alexi Gianarah