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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporation | | | | | |
|---|--|---------------------------------------|--------------------|--|-------------|
| SUBJECT: | Bluewater CRM, LLC | 3 | | | |
| | (Name of Lir | nited Liability Co | empany) | | |
| The enclosed "Application Florida," Certificate of Ex liability company to transa | istence, and check are s | | | | |
| Please return all correspon | dence concerning this r | natter to the follo | wing: | | |
| | Richard E. B | arnes | | | |
| | (Na | me of Person) | | | |
| Elli | ott, Blackburn, Ba | rnes & Goodi | ng, P. C. | | |
| | (Fi | rm/Company) | | | |
| | 301 | 6 North Patter | rson Street | Žes | |
| | | (Address) | | | ? |
| | Val | dosta, GA 3160 |)2 | 80V 16 | 3 g |
| | (City/St | ate and Zip Code |) | | |
| For further information con | cerning this matter, ple | ase call: | | AM II: 30 Étar Lóktúja | - Alleng |
| Richard E. Barnes | | at () | 242-3333 | · | |
| (Nam | e of Person) | (Area Code d | & Daytime Teleph | none Number) | |
| STREET ADDRES | SS: | MAILI | NG ADDRESS: | | |
| Registration Section Registration Section | | | | | |
| Division of Corporations Division of Corporation | | | | | |
| 409 E. Gaines Street P.O. Box 6327 | | : | 4 | | |
| Tallahassee, Florida | 343Y Y | i aiianas | see, Florida 32314 | † | |
| Enclosed is a check for the f | following amount: | | | | |
| □ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of S | ☐ \$155,00 Filing : Status Certifi | | Filing Fee, Certifi of Status & Certifi | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 | Bluewater CRM, LLC | |
|----|--|---|
| •• | (Name of Foreign Limited Liability Company) | _ |
| | State of Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-/806/07 (FEI number, if applicable) | _ |
| 4. | October 19, 2004 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | _ |
| 6. | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | - |
| 7. | 4001 North Coleman Road | - |
| | Valdosta, GA 31602 | • |
| | (Street Address of Principal Office) | |
| | If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: | |
| | Judith S. Hathcock, MGRM | |
| | 4001 North Coleman Road | . , , , , , , , , , , , , , , , , , , , |
| | Valdosta, GA 31602 | |
| ej | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recours distribution under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under oath of the translator must be submitted.) | ords in |
| 1. | Nature of business or purposes to be conducted or promoted in Florida: Ownership and leasing | |
| _ | of real estate and any other business or purpose not prohibited by law | |
| | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Judith S. Hathcock | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | | |
|--|-----------------------------------|-----|
| Bluewater CRM, LLC | | |
| 2. The name and the Florida street address of the registered agent and office are: | | |
| SJOANN BEDENBAUGH | | |
| # 4588 EAST Hwy 20 Swite E - Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| NICEVILLE FL 32578 City/State/Zip | ;; Q | 2 |
| Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all s relating to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with an according to the proper and complete performance of my duties, and I am familiar with an according to the proper and complete performance of my duties, and I am familiar with an according to the proper and complete performance of my duties, and I am familiar with an according to the proper and complete performance of my duties, and I am familiar with an according to the proper and complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duti | as registe canutes cept the | red |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 043011001 CONTROL NUMBER : 0461354 DATE INC/AUTH/FILED: 10/19/2004 JURISDICTION : GEORGIA FRINT DATE : 10/27/2004

FORM NUMBER : 211

ELLIOTT BLACKBURN BARNES & GOODING PC RICHARD E. BARNES 3016 NORTH PATTERSON ST VALDOSTA. GA 31602

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BLUEWATER CRM, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Authy Corp

Cathy Cox Secretary of State