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| Special Instructions to Filing Officer: | | | | | |
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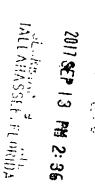
FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2017

JOCELYN BAGGE 1749 NE MIAMI CT, APT 211 MIAMI, FL 33132

SUBJECT: BLUE WATER REAL ESTATE SOLUTIONS, LLC

Ref. Number: W17000070401



We have received your document for BLUE WATER REAL ESTATE SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 917A00017657

NEW DOC Enclosed

COVER LETTER

| TO: Registration Section Division of Corporation | s | | | | |
|--|---|---------------------------------|---|--|--------------|
| SUBJECT: BLUE WATER RE | AL ESTATE SOLUTIONS | S, LLC | | | · |
| | | Limited Liability (| Company | | |
| The enclosed "Application by Fore Existence, and check are submitted | | | | | |
| Please return all correspondence c | oncerning this matter to the | following: | | • | |
| JOCELYN E | BAGGE | | | | • |
| Name of Person | | | | | |
| BLUE WATER REAL ESTATE SOLUTIONS, LLC | | | | | |
| Firm/Company | | | | | |
| . 1749 NE MI | AMLCT, APT 211 | | | _ | |
| | | Address | | - | _ |
| MIAMI, FL 331 | 32 | | | | ٠ |
| City/State and Zip Code | | | | | |
| JOCELYN@MI/ | AMILOFTEXCHANGE.CO | DM | | • | • |
| | E-mail address: (to be used | l for future annual | report not | ification) | - |
| or further information concerning | g this matter, please call: | | | | • |
| JOCELYN BAGGE | • | at (305 | 333-0 | 264 | |
| Name o | f Contact Person | Area Code | Day | time Telephone Number | _ |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314 | | | Division Registrate Clifton B 2661 Exe | ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301 | |
| ised is a check for the follow S125.00 Filing Fee | ing,amõünt: ☐ \$130.00 Filing Fee & Certificate of Status | S155.00 Filir Certified Copy | ng Fec & | S160.00 Filing Fee, of Status & Certified Co. | |

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

IN COMPLIANCE WITH SECTION (ISSUE), FLORIDA SEATUO'S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANS KITSI SINESS IN THE STATE OF FLORENCE I BLUE WATER REAL ESTATE SOLUTIONS, LLC (Name of Forcigo Limited Liability Company; must include "Limited Liability Company," LLC.," or "LLC." (If name unavailable, outer observed name adopted for the purpose of transacting business in Florida. The alternate name most include "Limited Liability Company," "L.L.C." or "LUC.") → NEVADA (hmisdiction under the law of which licengo himsled babdits company is urganized). (Pair first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 505,0905, F.S. to determine penalty liability) 5. 1749 NE MIAMI CT, APT 211, MIAMI, FL 33132 (Sucre Address of Priceipa) Office) 1749 NE MIAMI CT. APT 211, MIAMI, FL 33132 (Asoling Address) 7. Name and street address of Florida registered agent: (P.O. Box 1907 acceptable) **ERIAN PRZYSTUP** Name: 2800 BISCAYNE BLVD, STE 400 Office Address: MIAMI Registered agent's acceptance: Basing been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I besetry accept the appointment as registered agent and agree to act in this capacity. I farther agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the abbigations of my position as tegistered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; JOCELYN BAGGE, MANAGER, 1749 NE MIAMI CT, APT 211, MIAMI, FL 33132

9. Attached is a certificate of cristence, no more than 90 days old, duty authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is must foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 600:0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State operations a third degree fellows we provided for in 9.817.155, F.S.

JOCELYN BAGGE

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLUE WATER REAL ESTATE SOLUTIONS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 18, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 8, 2017.

Backers K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170808-1978
You may verify this electronic certificate
online at http://www.nvsos.gov/