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Division of Corporations

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Foreign Limited Liability Company Blue Water 13 llc

3

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B FIGUEROA JUL 27 2018

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

IN COMPLANCE WITH SECTION 605.0202, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, cuter alternate)	ionic adopted for the purpose of transacting business in	Horida. The alternate name must mehide "Limited Lish	oility Company," "L.I. C," or "LI C,")	
n Missouri		7		
	theh foreign limited liability company is organized)	(1) I numb	er, il applicable)	
1				
4	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	to registration.)		
_{5.} 3030 N. Rocky P		6. 3030 N. Rocky Point	Dr.	
(Street Address of	Principal Office)	(Mailing Addr	01)	
STE 150A		STE 150A		
Tampa FL 33607		Tampa FL 33607		
7. Name and street addre	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		
Name:	Northwest Registered Ager	nt, LLC.		
Office Address:	3030 N. Rocky Point Dr. ST	E 150A		
	Tampa	. Florida 33607		
	(Cay)	(Zip code	e)	
	as of my position as registered agent.	per and complete performance of my	duties, and I am familiar with	
and accept the obligation	Tou Glove (Registered agent) (Registered agent) (Registered agent) (Registered agent) (Registered agent)	a's signome) has/have authority to manage is/are:		
and accept the obligation	is of my position as registered agent. Tor Glove (Registered agen	u's vignature)	Name and Address:	
and accept the obligation 8. The name, title or cap	Robert Peurifoy	a's signome) has/have authority to manage is/are:	Name and Address:	
and accept the obligation 8. The name, title or cap Title or Capacity:	Registered agent. (Registered agent. (Regist	a's signome) has/have authority to manage is/are:	Name and Address:	
and accept the obligation 8. The name, title or cap Title or Capacity:	Robert Peurifoy	a's signome) has/have authority to manage is/are:	Name and Address:	
and accept the obligation 8. The name, title or cap Title or Capacity: Manager	Registered agent. Tor Glove (Registered agent. Registered agent.	a's signome) has/have authority to manage is/are:	Name and Address:	
and accept the obligation 8. The name, title or cap Title or Capacity:	Registered agent. Tor Glove (Registered agent) Registered agent Registered agent	a's signome) has/have authority to manage is/are:	Name and Address:	
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8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if nece	Registered agent. Tor Glove (Registered agent. Registered agent. R	has/have authority to manage is/are: Title or Capacity:	Name and Address:	
8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if nece 9. Attached is a certificat jurisdiction under the law	Registered agent. Tor Glove Registered agent. Re	has/have authority to manage is/are: Title or Capacity:	Name and Address:	
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STATE OF MISSOURY



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Blue Water 13 llc LC1094757

was created under the laws of this State on the 26th day of October, 2010, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 26th day of July, 2018.

Secretary of State

THE SOLUTION OF MISSISSIPPING OF MISSISS

Certification Number: CERT-07262018-0079