

*** Please file as a 1,2 filing. First file with H22000113153
Then file qualification. Florida Department of State
H22000113153 *** Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
Blue Horseshoe Solutions, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2022 MAR 28 PM 3:31

S. HAWKES

MAR - 2021

H22000113139

Affidavit

Blue Horseshoe Solutions, Inc. a Indiana profit corporation (F09000004872) dissolved on or about 3/28/2022, hereby states and affirms it has no intention of revoking the dissolution and releases use of the corporate name for use by another entity.

Blue Horseshoe Solutions, Inc.

By: Kristen Espinales
Print Name: Kristen Espinales
Print Title: Attorney-in-Fact

Date: _____

Computershare Governance Services Inc.
801 US Highway 1
North Palm Beach FL 33408
(561) 694-8107

H22000113139

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Blue Horseshoe Solutions, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana 3. 35-2151923
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 161 N. Clark St.
(Street Address of Principal Office)

6. 161 N. Clark St.
(Mailing Address)

Chicago IL 60601

Chicago IL 60601

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(City) (Zip code)

Registered agent's acceptance:

Having 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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kristen Espinales

Kristen Espinales, Special Secretary

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**
☐ Manager Name: Accenture Inc.
☒ Member Address: 161 N. Clark St.
☐ Authorized Chicago IL 60601
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Sammy Awad
☐ Member Address: 161 N. Clark St.
☐ Authorized Chicago IL 60601
Person _____
☒ Other VP - Tax _____ ☐ Other _____

☐ Manager Name: Brian J. Kowles
☐ Member Address: 161 N. Clark St.
☐ Authorized Chicago IL 60601
Person _____
☒ Other Treasurer _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☐ Manager Name: Aaron Holmes
☐ Member Address: 161 N. Clark St.
☐ Authorized Chicago IL 60601
Person _____
☒ Other President _____ ☐ Other _____

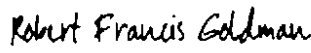
☐ Manager Name: Robert Francis Goldman
☐ Member Address: 161 N. Clark St.
☐ Authorized Chicago IL 60601
Person _____
☒ Other Secretary _____ ☐ Other _____

☐ Manager Name: Lance Marshall LeBouef
☐ Member Address: 161 N. Clark St.
☐ Authorized Chicago IL 60601
Person _____
☒ Other Vice President - Tax Matters _____ ☐ 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.

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

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

DocuSigned by:

18506176383

Signature of an authorized person

Robert F. Goldman

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BLUE HORSESHOE SOLUTIONS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 05, 2001, and was in existence or authorized to transact business in the State of Indiana on March 24, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 24, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 23, 2022.