Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

*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 BlueWater Wellness, LLC

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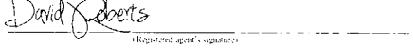
Help

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BE	TION 6050902, FLORIDA STATUTES THE FO LSINESS IN THE STATE OF FLORIDA.	OLLOWING IS SUBMITTED TO REGIS	TER A FOREKON TAMITE	D LIABILITY		
BlueWater We	liness, LLC Tomited Liability Company, must include "Limited	11. January Campana (1911) 7. 7. 2. 2017/11		_		
_	amily Wellness, LLC	a Ganapay Compuny. L.L.A., OF 1.13	1			
	name adopted for the purpose of transacting business in H	orida. The alternate name must include "Camited.	Lability Company, "ILL C," or	Filen		
₂ Wyoming	thich forcies limited halfthry commun. is organized:	_{3.} 87-2695125		_		
Characteristic ander the law of v	онен төгендө иникса пакчику фонкрату в огдону еді	ի են պու	mer, if amilicable)			
4. <u> </u>						
	(Date first transacted business in Flanda, if prior to a (See sections 60), 1904-X, 60), 0905, F.S. (Osteterm)	registration) ne penalty hability)				
_s 7901 4th St N STE 300		_{6.} 7901 4th St N ST	6. 7901 4th St N STE 300			
(Street Address of Principal Office)	El 20702	(Marting Address)				
St. Petersburg FL 33702		St. Petersburg FL	_			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2023 OCT 31	-		
			DCT			
Name:	Registered Agents Inc		んとご	(forest)		
Office Address.	7901 4th St N STE 300		PH 4:40			
	St. Petersburg	Florida 33702	- 15			
	(0)	(Zm 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.



To 18506176383

From Registered Agents Inc.

<u>Title or Capacity:</u>	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Meyer, Jason	□Manager	Name:	· · · - · · · · · · · · · · · · · · · ·
X Member	Address:	LIMember	Address.	
□Authorized	7901 4th St N STE 300	⊡Authorized		
Person	St. Petersburg FL 33702	Person		
⊡Other		Other		TOther
[]Manager	Name:	El Manager	Name:	
□Member	Address:	T.Member	Address	
T.Authorized		□ Anthorized		
Person		Person		
□Other	□Other	□Other		[]Other
LIManager	Name:	L. Manager	Name:	
□Member	Address.	□Member	Address:	
□Authorized		II. Authorized		
Person		Person		-
□Other		[]Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 8.817.188, F.S.

Palican	erden er en	
	Signature of an authorized person	
Robin Jones	e	

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

Bluewater Wellness, LLC

Limited Liability Company

formed or qualified under the laws of Wyoming did on September 17, 2021, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2021-001036362.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed. authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 31st day of October, 2023 at 9:50 AM. This certificate is assigned ID Number 066529930.

