

B15000000179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

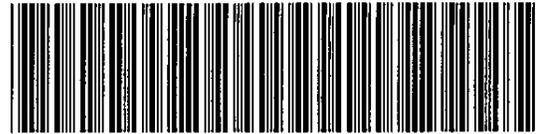
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/24/15--01029--016 \*\*1070.00

RECEIVED  
15 JUN 24 PM 1:54 2015 JUN 24 A 10:24  
DIVISION OF CORPORATIONS SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

JUN 25 2015  
O. BRUCE

Wolters Kluwer

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

**Bluewater Storage LP**

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\_\_\_\_\_  
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\*\*\*Please file Second after the GP has been Filed\*\*\*

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Nonprofit  
 Foreign Corporation

**Limited Partnership  
Registration**  
 LLC

**Certified Copy  
Registration**

Walk In  
 Mail Out

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

Amendment  
 Dissolution/Withdrawal  
 Reinstatement  
 Annual Report

Name Registration  
 Fictitious Name

Photocopies  
 Will Wait

\_\_\_\_\_  
6/24/2015

KM

Merger  
 Mark  
 Other

CUS  
 After 4:30  
 Pick Up

Order#  
9600752

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Ref#:

Amount: \$

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Bluewater Storage LP**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

**David H. Crawford**

Contact Person

**Womble Carlyle Sandridge & Rice LLP**

Firm/Company

**PO Box 999**

Address

**Charleston, South Carolina, 29402**

City, State and Zip Code

**dherman@zpi.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**David H. Crawford**

at ( **843** ) **722-3400**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUN 24 A 10: 24

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Bluewater Storage LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. South Carolina

State or Country of Formation

3. June 22, 2015

Date of Formation

4. Federal Employer Identification Number: 47-4338092

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 Pine Island Road

Plantation, Florida 33324

6. 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.

Connie Bryan

Signature of Registered Agent

Connie Bryan  
Assistant Secretary

7. Principal Office:

200 Wingo Way, Suite 100

Mt. Pleasant, SC 29464

8. Mailing Address:

same

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Bluewater Cogenpar, Inc.

Street Address: 200 Wingo Way, Suite 100

Mt. Pleasant, SC 29464

Mailing Address: 200 Wingo Way, Suite 100

Mt. Pleasant, SC 29464

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

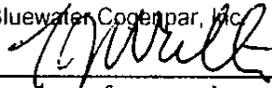
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22<sup>nd</sup> day of JUNE, 20 15.

Bluewater Copenpar, LLC



Signature of a general partner Timothy J. Walter, Vice President

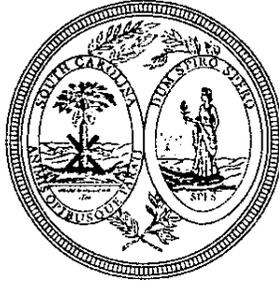
The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

**FILED**

2015 JUN 24 A 10: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence, Limited Partnership**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

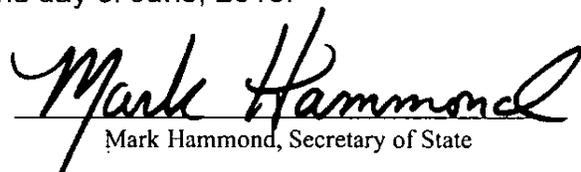
**BLUEWATER STORAGE LP,**

a Limited Partnership organized under the laws of the State of South Carolina on June 22nd, 2015, and doing business in South Carolina under the name of:

**BLUEWATER STORAGE LP**

has, as of the 22nd day of June, 2015, filed all reports due this office, paid all fees due, is in existence and authorized to do business in the State of South Carolina.

Given under my Hand and the Great Seal of the State of South Carolina this 22nd day of June, 2015.

  
Mark Hammond, Secretary of State