

**L02000013515**

Florida Department of State  
 Division of Corporations  
 Public Access System  
 Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H02000146358 5)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
 Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

FILED  
 02 JUN -3 PM12:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

RECEIVED  
 02 JUN -3 AM10:18  
 DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY****bluewater consulting, L.L.c**

|                   |     |
|-------------------|-----|
| Name Availability |     |
| Document Examiner | DCC |
| Updater           | DCC |
| Updater Verifier  | DCC |
| Acknowledgement   | DCC |
| Final Verifier    | DCC |

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

**L02000013515**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

MIAMI FL 33133

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

**The name and the Florida street address of the registered agent are:**

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.402(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signer

**FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization  
 \$ 25.00 Designation of Registered Agent  
 \$ 30.00 Certified Copy (OPTIONAL)  
 \$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN -3 PM 12:06

FILED