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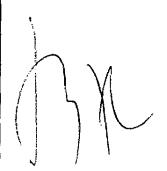
(Requestor's Name)	
(Address)	
(Address)	
(addition,	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	·
Special Instructions to Filing Officer:	
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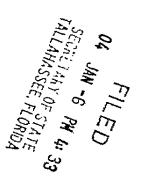
Office Use Only



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OFFICE USE ONLY(DOCUMENT #)	
LAZARUS CORPORATE FILING SE	ERVICE
3320 S.W. 87 AVENUE	· · · · · · · · · · · · · · · · · · ·
MIAMI, FLORIDA (305)552-5973	
	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S) (if known):
1 BIUE WATER CAL	DITAL 1/C
(Corporation Name)	(Document#)
2. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time 2.00	
	notocopy Certificate of Status
NEW FILINGS	AMENDMENTS
	endment
<u> </u>	ignation of R.A., Officer/Director
	inge of Registered Agent
	solution/Withdrawal
Other Mer	rger
	EGISTRATION/
Annual Report	ALIFICATION
Fictitious Name	eign
Name Reservation	ited Partnership
	nstatement
Tra-	demark

Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	·	•
ARTICLE I - Name:)	
	ed Liability Company is:	
•	BLUE Water CAPITAL, LLC.	t t
ADDICE IN THE AUGUS		,
ARTICLE II - Addre		• •
The maning address at	ad street address of the principal office of the Limited Liability Co	ompany is:
	1003 N. WATERWAY DR.	,
•	JUITE 209	
ARTICLE III Roole	7003 N. WATERWAY DR. SUITE 209 Miami, FE 33155-2896 tered Agent, Registered Office, & Registered Agent's Signatu	, m
zatericens im - regu	refer Agent, Registered Office, & Registered Agent's Agnatus	re: - 1
The name and the Flori	ida street address of the registered agent are:	
	でデ	mo
1	Charlene Garland Fig	平 〇
	Charlene Garland Fig. Name 7003 N. WATERWAY Dr., Suite 209 35	=
•	Their desired all the COO But MOTE 207	
	Florida street address (P.O. Box NOT acceptable) 331555	. (5)
	City, State, and Zip	•
	registered agent and to accept service of process for the above stated	
	place designated in this certificate, I hereby accept the appointment	•
	in this capacity. I further agree to comply with the provisions of all s	
	nd complete performance of my duties, and I am familiar with and ac	cept the
ootigations of my positi	ion as registered agent as provided for in Chapter 608, F.S	;
	Walle Soles	
	Registered Agent's Signature	1 - 1
Article IV - Manager	ment (Check box if applicable.)	
The Limited Liab	ility Company is to be managed by one manager or more manage	ts and is,
therefore, a manager -	managed company.	
CHE	TRLENE CARLAND	. į
-// (;
Z A	1999 and a set of a constant and the set of	•
(An ac	Iditional article must be added if an effective date is requested)	† :
	nature of a member or an authorized representative of a member.	- !
_		,
	a accordance with section 608.408(3), Florida Statutes, the execution	
	this document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)	
	·	•
_	. Charlege Garland Typed or printed name of signee	
	Types or presentation of signed	,
	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)	
	A NIAM PARTITIONED OF WASHING TO BELLENALLY	