

LO6 000 102516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

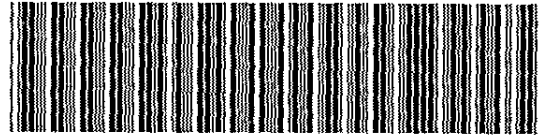
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/11/06--01050--006 **125.00

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TALLAHASSEE, FLORIDA

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LO6-102516
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2006

DIANNE TEMPLE
101 CONVENTION CENTER DR., SUITE 700
LAS VEGAS, NV 89109

SUBJECT: BLUE WATER PROPERTIES, LLC
Ref. Number: W06000044828

We have received your document for BLUE WATER PROPERTIES, LLC, and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 106A00060873

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TALLAHASSEE, FLORIDA

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PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
101 Convention Center Dr., Ste 700
Las Vegas, NV 89109
(800) 398-1077
(702) 889-6812

DATE: Thursday, September 28, 2006

SENT VIA

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Organization
For **BLUE WATER PROPERTIES, LLC**

We have included payment in the amount of \$125.00 for the following fees:

- Filing fee -\$125.00
- Other: Please "File" stamp & return other provided copy

If there are any questions, please call Dianna Temple_ at 800-398-1077.

Please return the file stamped copy in the postage paid envelope enclosed. Thank you for your continued service!

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE WATER PROPERTIES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANNA TEMPLE
(Name of Person)

NATIONAL CORPORATE HEADQUARTERS, INC.
(Firm/Company)

101 CONVENTION CENTER DR., STE. 700
(Address)

LAS VEGAS, NV 89109
(City/State and Zip Code)

For further information concerning this matter, please call:

DIANNA TEMPLE at (800) 398-1077
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TALLAHASSEE, FLORIDA
SECRETARY OF STATE
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *BLUE WATER PROPERTIES, LLC*

ARTICLE II - Address:

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

Principal Office Address:

21745 BIRCH STATE PKWY
BOCA RATON, FL 33428

Mailing Address:

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

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

BUSINESS FILINGS INCORPORATED

Name

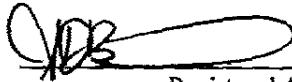
1203 GOVERNORS SQUARD BLVD., #101

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE, FL 3230 FL

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

*Alicia De Barrone - Asst. Secretary for
Business Filings Incorporated*

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

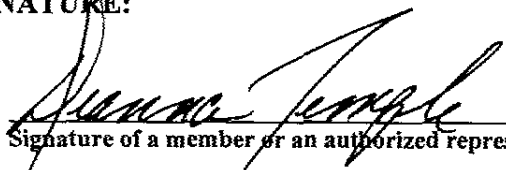
Name and Address:

MGRM	MADALENA DIAS
	21745 BIRCH STATE HIGHWAY
	BOCA RATON, FL 33428

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DIANNA TEMPLE

 Typed or printed name of signee

- 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)

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