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Special Instructions to Filing Officer:

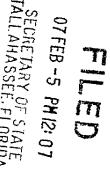
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	INC. 236 E. P.O. Box 37066 (32315-76	ast 6th Avenue . Tallahassee, Florida 32 066) ~ (850) 222-2666 or (800) 969	2303 9-1666 . Fax (850) 222-1666
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SPECIAL INSTRUCTIONS:

ARTICLE I - Name:	
The name of the Limited Liability	Company is:
Discount of Office on LLO	A STATE OF THE STA
Bluewater Offshore LLC	Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(1910st exit with the words Littleed Escoure)	company, content company of their above-random race, or 2.5.7,
ARTICLE II - Address:	7
The mailing address and street add	lress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8974 North Hwy 231	8974 North Hwy 231
Ariton, AL 36311	Ariton, AL 36311
(The Limited Liability Company cannot serve business entity with an active Florida registr	
(The Limited Liability Company cannot serve business entity with an active Florida registr The name and the Florida street ac	o as its own Registered Agent. You must designate an individual or another ation.) Iddress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registr	o as its own Registered Agent. You must designate an individual or another ation.) Iddress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registr The name and the Florida street ac	o as its own Registered Agent. You must designate an individual or another ation.) Iddress of the registered agent are:
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The name and the Florida street ad John L Harpe 8682 E Cour	o as its own Registered Agent. You must designate an individual or another ation.) Iddress of the registered agent are: Name Name Torida street address (P.O. Box NOT acceptable)

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	John L Harper
	8974 North Hwy 231
	Ariton, AL 36311
•	
•	
Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.)	n the date of filing: (OPTIO) ust be specific and cannot be more than five business d
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LE V: Effective date, if other that fective date is listed, the date midays after the date of filing.) REOURED SIGNATURE: Signature of a m (In accordance wo of this document that the facts st	nember or an authorized representative of a member. ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)
EV: Effective date, if other that fective date is listed, the date mudays after the date of filing.) REOUIRED SIGNATURE: Signature of a multiple of this document	nember or an authorized representative of a member. ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)