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SECRETARY OF STATE OIVISION OF CORPORATION

COVER LETTER

TO:	TO: Registration Section Division of Corporations						
SUBJECT: Blue Waters Technologies, 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:							
James T. Murphy, Esquire							
(Name of Person)							
Mathis & Murphy, P.A.							
	(Firm/Company)						
50 North Laura Street, Suite 1700							
(Address)							
Jacksonville, FL 32202							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
James T. Murphy, Esquire							
(Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
□ \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cer	5.00 Filing Fee & tified Copy itional copy is enclo		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	on orations Center C		

ARTICLES OF ORGANIZATION BLUE WATERS TECHNOLOGIES, LLC.

ARTICLE 1 - NAME

The name of the limited liability company is Blue Waters Technologies, LLC., ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

3121 & 3130 West New Haven Avenue West Melbourne, Florida 32904

31 Sundunes Circle Ponce Inlet, Florida 32127

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Mathis & Murphy, P.A. 50 North Laura Street, Suite 1700 Jacksonville, Florida 32202

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 Fla. Stat. § 608.

athas & Murphy, F

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

Tony Parker

31 Sundunes Circle

Ponce Inlet, Florida 32127

MGMR

Cary Hardee P.O. Box 290820

Port Orange, Florida 32129

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.)

Tony Parker

Typed or printed name of signee