

L09000119350Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.

bluewater recovery, llc.

Certificate of Status	0
Certified Copy	0
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EXAMINER

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12/16/2009

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is:

BLUEWATER RECOVERY, LLC.

ARTICLE II – Address:

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

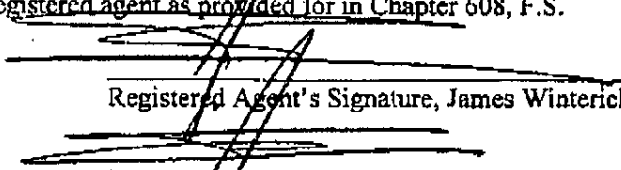
18700 S.W. 105TH AVENUE
MIAMI, FLORIDA 33157

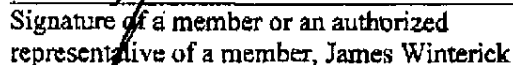
ARTICLE III—Registered Agent, Registered Office, & Registered Agent's Signature:

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

JAMES WINTERICK
18700 S.W. 105TH AVENUE
MIAMI, FLORIDA 33157

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, James Winterick


Signature of a member or an authorized
representative of a member, James Winterick

(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.)

James Winterick

Typed or printed name of signee

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