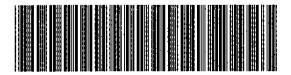
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Fakin Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2014

JANE KERRIGAN 600 GRAND BLVD STE 206 MIRAMAR BEACH, FL 32550

SUBJECT: BLUEWATER GADGETS, LLC

Ref. Number: W14000040621

We have received your document for BLUEWATER GADGETS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Please list the complete principal office address.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00014188

COVER LETTER

Divis	ion of Corporations	
SUBJECT:	Bluewater Gadgets, LLC	
		Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

TO: Registration Section

Jane Kerrigan				
	(Contact Person)			
Arnett & Kerrigan, F	PL			
	(Firm/Company)			
600 Grand Blvd., St	te. 206			
	(Address)			
Miramar Beach, FL	32550			
(C	City, State and Zip Code)			
jane@arnettlegal.co	om			
E-mail Address: (to be	used for future annual rep	ort notifications)		
For further information	on concerning this mat	ter, please call:		
Jane		at (850	502-4373	
(Name of Contac	et Person)		(Daytime Te	lephone Number)
Enclosed is a check for	or the following amour	nt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	Certif	35.00 Filing Fees, ied Copy, and icate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Bluewater Enterprises, LLC	s Entity" immediately prior to the filing of the Articles of Conversion is:
(Ente	er Name of Other Business Entity)
2. The "Other Business Entity" is a	limited liability company
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ated under the laws of Alabama
on 9/21/2004	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inco	orporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
Bluewater Gadgets, LLC	
(Enter Name	of Florida Limited Liability Company)
date this document is filed by the	ng, enter the effective date: prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.)
5. The plan of conversion has been a	approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

Signed this day of		
Signature of Authorized Representative of him		
Signature of Authorized Representative: Printed Name: David Wereham Jane Kung	Manager Agent	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	
Signature: David Worsham	The Manager	
Printed Name: David Worsham		
Signature: Printed Name:	Title:	·
Signature:		
Signature:Printed Name:		
Signature:Printed Name:	Title:	
	•	
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Indiana.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	 	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.		er-
<u>All others:</u> Signature of an authorized person.		JUL 16
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	5 6

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Bluewater Gadgets, LLC			
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	ability Com	pany is:
Principal Office Address:	Mailing Address:		•
1364 Driftwood 2+ Rd	PO Box 6640		
Santa Rosa Beach Fy 72459	Miramar Beach		
	Florida 32550		
The name and the Florida street address of the re Arnett & Kerrigan, PL	gistered agent are:	₩.,	£ -
Name			Œ
600 Grand Blvd., Ste. 206			91 JUL 4
Florida street address (P.O.			
Miramar Beach	FL32550	÷	- !r
City	Zip	* .	E O
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signal	this certificate, I hereby accept ty. I further agree to comply wi erformance of my duties, and I is stered agent as provided for in ature (REQUIRED)	the appoint th the provis am familiar	nent as sions of all with and

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	David E. Worsham	
		
•		
		 -
(Use attachment if necessary)		
(7
	e date of filing:	TIONAL)
ICLE V: Effective date, if other than the a effective date is listed, the date must	e date of filing: (OP be specific and cannot be more than five bu	TIONAE) siness dāy
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	e date of filing: (OP be specific and cannot be more than five bu	TIONAL) siness day
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ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal am aware that any false information sur	r or an authorized representative of a memil (b), Florida Statutes, the execution of this dealties of perjury that the facts stated herein are bmitted in a document to the Department of S	ber. ocument true.
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1) constitutes an affirmation under the pense I am aware that any false information succonstitutes a third degree felony as provided E. Worsham	r or an authorized representative of a memil (b), Florida Statutes, the execution of this dealties of perjury that the facts stated herein are bmitted in a document to the Department of Sided for in s.817.155, F.S.)	ber. ocument true.
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ARTICLE IV-