

L14000192778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

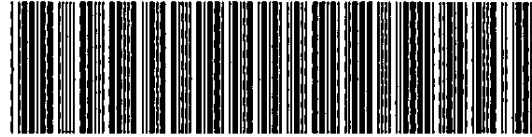
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 DEC 15 PM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

294

*Bluewater Realty*

**Services, Inc.**

a Licensed Real Estate Broker

December 16, 2014

Justin M Shivers  
Regulatory Specialist II  
Florida Department of State/Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Letter Number: 914A00022436

Dear Mr. Shivers:

I received your letter referring to my request for BLUEWATER REALTY SERVICES, LLC. I own the name Bluewater Realty Services, Inc. and wish to change the name to an LLC.

I waive my rights to Bluewater Realty Services, Inc. and request the name be changed to be BLUEWATER REALTY SERVICES, LLC.

I have attached your letter and new filing documents.

If you need anything else from me please let me know.

Sincerely,

  
Beverly A Bray



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2014

BEVERLY BRAY  
1121 SE OCEAN BLVD  
STUART, FL 34996

SUBJECT: BLUEWATER REALTY SERVICES, LLC  
Ref. Number: W14000063713

We have received your document for BLUEWATER REALTY SERVICES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 914A00022436

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLUEWATER REALTY SERVICES, 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:

BEVERLY A BRAY  
Name of Person

BLUEWATER REALTY SERVICES  
Firm/Company

1121 SE OCEAN BOULEVARD  
Address

STUART, FL 34996  
City/State and Zip Code

BEVERLYBRAY@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEVERLY BRAY at ( 772 ) 210-2538  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUEWATER REALTY SERVICES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1121 SE OCEAN BOULEVARD  
STUART, FL 34996

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BEVERLY A BRAY

Name

1121 SE OCEAN BLVD

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

STUART

City

FL 34996

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 605, F.S.*

Beverly A Bray  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

BEVERLY BRAY

1121 SE OCEAN BLVD

STUART, FL 34996

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Beverly A Bray

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document

constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

BEVERLY A BRAY

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA