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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BLUEWATER FUNDING, 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:
ERIC BACHMANN
Name of Person
BACHMANN HOLDINGS, LLC Firm/Company
Firn/Company
5694 BAYWATER DR
Address
City/State and Zip Code FRICO PRISTINE FORDA. DRG.
City/state and zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC BACHMANN au (407) 399-2221
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	C	Ĺ	Æ	1	-	Ν	a	m	e:	
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The name of the Limited Liability Company is:

Must conatin 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:
SLALL BAYWATER DR	57694 BAYWATER DR
JAMPA, FL 33615	TAMPA, FL 33US

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:

C	1		
PACHM	ANN H	OLDINGS,	LLC
<i>y</i>	Name	,	
56943,	AYWATE	R DR	
Florida street.address	(P.O. Box <u>NO</u>	T acceptable)	
1 AMPA,	FI	33615	
City	State	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..

Registered Agent's Signature (REQUIRED) MOR

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
_M6R	BACHMANN HOLDINGS, LLC 57094 BANNAMER DR
	JAMPA ST STATE
	
(Use attachment if necessary)	
(Ose 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 spe	ecific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	neet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	of State's records.
ARTICLE VI: Other provisions, if any.	
BACKANANA ILO DIA	165 1.LC 15 THE
SOLE SHAREHOLD	DER OF
BLUFINATER FUNDIA	on, LLC
REQUIRED SIGNATURE:	
Signature of a me	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes.
Lam aware that any false	e information submitted in a document to the Department of State
	e felony as provided for in s.817.155, F.S.
	• •
ERIC DA	CHMAN J. BACHMAN J HOLDINGS, LLC Typed or printed name of signee MGR
	Typed of primed name of signee MGR

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)