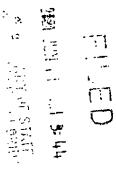
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| SUBJE | Bluewate | r Grand, LLC | | | | | | |
| 2000 | | N | ame of Li | mited Liab | oility Company | | | |
| The end | closed Articles o | f Organization an | d fee(s) as | re submitte | ed for filing. | | | |
| Please r | etum all corresp | ondence concern | ing this m | atter to the | following: | | | |
| | Rachel Pau | 1 | | | | | · | , ,,, 57° |
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| | | | | Ado | lress | | | ۔ ۔ |
| | Miami, FL | 33132 | | | | | | |
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| | | E-mail address: (t | o be used | for future | annual report not | ification) | | _ |
| For furthe | | ncerning this mat | | | • | , | | |
| | Jonathan Lec | ier | 5) at (| 16 | 902-3440 | | | |
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| Enclosed | l is a check for t | he following amo | unt: | | | | | |
| ≘\$ 125. | 00 Filing Fee | □\$130.00 Filin Certificate of S | | Certif | 55.00 Filing Fee & fied Copy nal copy is enclose | Certifi ed) Certific | 0.00 Filing Fee cate of Status & ed Copy al copy is enclo | ž. |
| | New F Divisio P.O. B | g Address illing Section on of Corporation ox 6327 assee, FL 32314 | s | | Street Address New Filing Section The Centre of Ta 2415 N. Monroc Tallahassee, FL: | illahassee Street, Suite 81 | 0 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liabi | lity Company is: | | | | |
|--|---|--|---|-------|--|
| Bluewater Grand, I | LC | | | | |
| (Must con | ntain the words "Limited | Liability Company | , "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street | address of the principal o | office of the Limite | d Liability Company is: | | |
| Princi | pal Office Address: | | Mailing Address: | | |
| | 1717 N. Bayshore Drive | | 1717 N. Bayshore Drive | | |
| Unit 100 | | | Unit 100 | | |
| Miami, FL 33132 | | Mia | mi, FL 33132 | | |
| The name and the Florida stree | Jonathan Leder PLL | C Name | | | |
| | Florida street addres | | cceptable) | | |
| | Miami | FL_ | 33132 | | |
| | City | State | Zip | | |
| uace designated in this certificate arther agree to comply with the p | e, I hereby accept the app rovisions of all statutes re bligations of my position | ointment as register elating to the proper as registered agent | e above stated limited liability company ed agent and agree to act in this capaci r and complete performance of my dutie as provided for in Chapter 605, F.S | ל נול | |

TWEST FOR THE NATIONAL SERVICES

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 MGR Rachel Paul 1717 N. Bayshore Drive Unit 100 Miami FL 33132 <u>M</u>GR Mia London 1717 N. Bayshore Drive Unit 100 Miami, FL 33132 (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 Note: If the date inserted in this block does not meet 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. REQUIRED SIGNATURE Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Rachel Paul Typed or printed name of signce

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

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)