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DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: BLUEWATER WELLNESS, LIMITED COMPANY

AUDIT NUMBER..... H98000014008

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..1

PAGES.....

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY BLUEWATER WELLNESS, LIMITED COMPANY

The undersigned member, for the purpose of forming a Florida Limited Liability Company under the provisions of the Florida Statutes, does hereby adopt the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is:
Bluewater Wellness, Limited Company

ARTICLE II Address

The mailing and street address of the principal office of the Limited Liability Company is: 1711 SE 13 Street. Fort Lauderdale. Florida 33316.

ARTICLE III Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by the members, and the names and addresses of the managing members are: Margreth Kageman, 1711 SE 13 Street, Ft. Lauderdale, Florida 33316; and Stefan Kageman, 1711 SE 13 Street, Ft. Lauderdale, Florida 33316.

DATED: July <u>29</u>, 1998.

Margrath Kageman

Prepared by:

William J. Brown, Esq. Florida Bar #103653 777 Brickell Avenue Suits 1114 Miami, Florida 33131 (305)374-2280 (Fax 305-375-0022)

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SECRETARY OF STATE DIVISION OF CORPORATIONS

H98000014008

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE OF BLUEWATER WELLNESS, LIMITED COMPANY

Purauant to the Provisions of \$ 608.415 Florida Statutes, the Undersigned Limited Liability Company Submits the Following Statement in Designating the Registered Office/Registered Agent, in the State of Florida.

- 1. The name of the Limited Liability Company is: Bluewater Wellness, Limited Company.
- 2. The name and address of the registered agent and office is: Margreth Kageman, 1711 SE 13 Street, Fort Lauderdale, Florida 33316.

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 completed performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATE: July 29 1998

Markéeth Kageman

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

BLUEWATER WELLNESS, LIMITED COMPANY

The undersigned member of Bluewater Wellness, Limited Company, deposes and says:

- The above-named limited liability company has at least two members.
- The total amount of cash contributed by the members is:

\$ 30,000.00

If any, the agreed value of property other than cash contributed by the members is:

-0-

4. The amount of cash or property anticipated to be contributed by members is:

\$100,000.00

The total amounts of Nos. 2, 3, 4, is:

\$130,000.00

In accordance with § 608.403(3) Florida Statutes, and under penalty of perjury. I hereby affirm that the facts stated herein are true.

Sworn to and Subscribed this 29 day of July, 1998.

Notary

winning and the second and the secon Marilyn R. Marks
Notary Public, State of Florida
Commission No. CC-11113

** or no My Commission Expires 10/02/98 **
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