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SECRETARY OF STATE

TRANSMITTAL LETTER

	istration Section ision of Corporations			
SUBJECT	Clearwater Asset Management, LLC			
	(Name of Limited Liability Company)			
Florida," C	ed "Application by Foreign Limited Liability Company for Authorization to Tra ertificate of Existence, and check are submitted to register the above referenced mpany to transact business in Florida.			
Please retu	rn all correspondence concerning this matter to the following:			
	Jamie D Atkins			
	(Name of Person)			
	Clearwater Asset Management, LLC	SECR TALLA	2005 JAN	Person
	(Firm/Company)	A A		1
	36181 East Lake Road, Suite 174	TARY OF S	25 PH	
	(Address)	ORIDA	3: 36	•
	Palm Harbor, FL 34685			
	(City/State and Zip Code)	_		
For further	information concerning this matter, please call:			
Jan	nie D Atkins at (727) 692-7756			
	(Name of Person) (Area Code & Daytime Telephone	Number)	
	REET ADDRESS: MAILING ADDRESS: istration Section Registration Section			
	ision of Corporations Division of Corporations			
	E. Gaines Street P.O. Box 6327			
Tall	ahassee, Florida 32399 Tallahassee, Florida 32314			
Enclosed is	a check for the following amount:			
(2) \$	125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing Certificate of Status Certified Copy of St	g Fee, Cer atus & Ce		Сору

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Clearwater Asset Management, LLC	
	(Name of Foreign Limited Liability Company)	
,	Delaware 3, 20-0345580	
۲. ((Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	=
4.	February 24, 1999 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.		WESS STAT
	(Date first transacted business in Florida, if prior to registration.)/ (See sections 608.501 & 608.502 F.S. to determine penalty liability)	röp [#
7.	36181 East Lake Road, Suite 174	
	Palm Harbor, FL 34685	
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:	State and
9.	The name and usual business addresses of the managing members or managers are as follows:	17
	Jamie D Atkins	[T]
	614 Greenglen Lane	D
	Palm Harbor, FL 34684	
the	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recepturisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.) 	ords in
11	Nature of business or purposes to be conducted or promoted in Florida: Investment Management	•
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	·

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability Com	npany is:		
Clearwater As	sset Management, LLC			
2. The name	e and the Florida street address	s of the registered agent and office a	rre:	
	Jamie D Atkins			
		(Name)		
	614 Greenglen Lane		2005 JAN 25 SECRETARY TALLAHASSE	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
			25 AR) SSE	
	Palm Harbor	FL 34684	m.C.	
		City/State/Zip	F ST	
			ORID ORID	
liability comp	pany at the place designated in	l to accept service of process for the a this certificate, I hereby accept the a	ppointment as registered	
relating to th	e proper and complete perform	rther agree to comply with the provis nance of my duties, and I am familiar nt as provided for in Chapter 608, Fl	with and accept the	
	min A		in an ex	
7	(Signature)			

\$ 100.00 Filing Fee for Application

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

\$ 25.00 Designation of Registered Agent

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLEARWATER ASSET MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEARWATER ASSET MANAGEMENT LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Varriet Smith Windson Secretary of State

AUTHENTICATION: 3639227

DATE: 01-25-05