

#L12000011010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

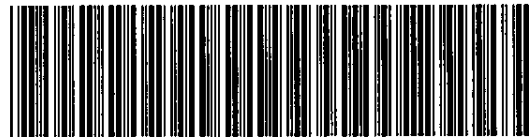
(Business Entity Name)

(Document Number)

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12 JAN 20 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 24 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Coast Asset Management, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Andrews

Name of Person

Blue Coast Asset Management, LLC

Firm/Company

110 East Atlantic Ave, Suite 400A

Address

Delray Beach, FL 33444

City/State and Zip Code

charles@blue-coast.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Andrews

Name of Person

at ( 561 ) 414-5700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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



Josh Waugh <josh.blue.coast@gmail.com>

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## please print

1 message

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Charles Byron Andrews <charles@blue-coast.com>

Tue, Jan 24, 2012 at 11:50 AM

To: Josh Waugh <josh@blue-coast.com>

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>

> Karen,

>

> Thank you for Contacting me from Department of State. I am applying for a new LLC. The former Blue Coast Asset Management Inc. was my corporation. I hereby release full authorization to the name and all rights to myself and Ralph Torres to be used moving forward and exclusively to Blue Coast Asset Management LLC.

This form officially releases the use of the name. Please confirm you have received and we are able to use BCAM LLC.

>

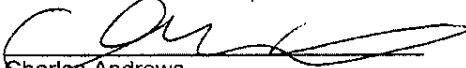
> This will be a Florida LLC with corporate HQ at 110 East Atlantic Suite 400A.

>

>

> I will sign here and scan in and get back to you. (I thank you for contacting me personally today via phone call at 10:07 am and look forward to growing this LLC in our Sunshine State)[ksaly@dqs.state.fl.us](mailto:ksaly@dqs.state.fl.us)

>

>   
> Charles Andrews

>

> [561-414-5700](tel:561-414-5700) direct

> [561-749-2359](tel:561-749-2359) office

> [charles@blue-coast.com](mailto:charles@blue-coast.com)

> <http://www.Blue-Coast.com>

> <http://www.bluecoastassetmanagement.co.uk>

> <http://www.liveindelray.com/>

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Blue Coast Asset Management, 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:

110 E. Atlantic Ave , Suite 400A  
Delray Beach, FL 33444

#### Mailing Address:

110 E. Atlantic Ave , Suite 400A  
Delray Beach, FL 33444

### 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:

Charles Andrews

Name

110 East Atlantic Ave. #400A

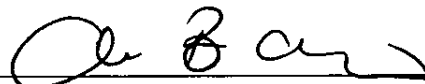
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach FL 33444

City, State, and Zip

FILED  
12 JAN 20 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR M

Charles Andrews

110 E. Atlantic Ave, Suite 400A

Delray Beach, FL 33444

~~MGRM~~ MGR

Ralph Torres

110 E. Atlantic Ave, Suite 400A

Delray Beach, FL 33444

(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.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), 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.)

Charles Andrews

Typed or printed name of signer

**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)**