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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# Blue Coast Investigations LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Manuel P Iturrizaga

Name of Person

# Blue Coast Investigations LLC

Firm/Company

4603 NW 90th. Avenue

Address

Sunrise, Florida 33351

City/State and Zip Code

# Percylturrizaga@aol.com

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

For further information concerning this matter, please call:

# Percy Iturrizaga

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929-9948

STATE OF THE PARTY OF THE PARTY

Name of Person

Area Code & Daytime Telephone Number

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

#### Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status □ \$55 Filing Fee & Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPAN

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact corrects in Florida.

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<u>ST</u> :	The name of t	he limited liability com	pany is: Blue 1763	COAST INVEST	igatio - LC
COND:	The articles o	f organization or the ap	plication to transac	t business	
CHECK	THE APPROPE	RIATE BOX AND COM	PLETE THE APPI	ICABLE STATEMENT	
		statement. The incorrerected statement are as	<del>-</del>	eason the statement is	
WROI	NG Principal Addre	ss & Mailing Address: 20423	State Road Suite F6-1	29 Boca Raton, Florida 33498.	<del>-</del>
CORF	RECT Principal Add	ress & Principal Mailing Addr	ess IS: 4603 NW 90th.	Avenue Sunrise, Florida 33351.	<del>-</del> ,
WRON	G Registered Agent N	lame: Iturrizag, Manuel P. / COI	RECT Registered Agent	Name IS: ITURRIZAGA, Manuel P.	-
					-
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d: Ap	ril 9		2013		
		fa member or authorize Percy Iturriza	-	a member	
	<del>- ,,</del>	Typed or printed na	ame of signee		
		Filing Fee:	\$25.00 \$30.00 (option	al)	

## Electronic Articles of Organization For Florida Limited Liability Company

L13000047763 FILED 8:00 AM April 01, 2013 Sec. Of State clewis

#### Article I

The name of the Limited Liability Company is: BLUE COAST INVESTIGATIONS LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

20423 STATE ROAD 7 SUITE F6-129 BOCA RATON, FL. US 33498

The mailing address of the Limited Liability Company is:

20423 STATE ROAD 7 SUITE F6-129 BOCA RATON, FL. US 33498

#### Article III

The purpose for which this Limited Liability Company is organized is: PROFESSIONAL INVESTIGATIVE SERVICES

#### Article IV

The name and Florida street address of the registered agent is:

MANUEL P ITURRIZAG 20423 STATE ROAD 7 SUITE F6-129 BOCA RATON, FL. 33498

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.

Registered Agent Signature: MANUEL PERCY ITURRIZAG

## Article V

The name and address of managing members/managers are:

Title: MGR MANUEL P ITURRIZAGA 20423 STATE ROAD 7 SUITE F6-129 BOCA RATON, FL. 33498 US L13000047763 FILED 8:00 AM April 01, 2013 Sec. Of State clewis

Signature of member or an authorized representative of a member

Electronic Signature: MANUEL PERCY ITURRIZAGA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.