# 112000002696

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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B. BOSTICK
MAY 1 5 2012
EXAMINER

#### **COVER LETTER**

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Blue Sand Securiti	es, LLC	
N	ame of Limited Liability Company	
The enclosed "Application by Foreign Limited Lie Existence, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," above referenced foreign limited liability company to transact busing	Certificate of tess in Florida.
Please return all correspondence concerning this r	natter to the following:	
Shannon Crotty		
	Name of Person	
Blue Sand Securities	, LLC	
	Firm/Company	
730 Westbury Ln.		
	Address	
Georgetown, TX 786	33	
	City/State and Zip Code	
shannon@bluesand.c		12
E-mail address:	(to be used for future annual report notification)	En en.
For further information concerning this matter, ple	(1)	*****
Shannon Crotty	<sub>at (</sub> 646 <sub>)</sub> 508-7740	·
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	PH 2:47
Registration Section P.O. Box 6327	Registration Section	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Enclosed is a check for the following amount:

\$\int\_{\$125.00 \text{ Filing Fee}} \int\_{\$130.00 \text{ Filing Fee}} \& \int\_{\$Certificate} \\ \text{Certificate of Status} \\
\int\_{\$Certificate} \\
\int\_{\$Ce

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Blue Sand Securities, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Comp	any.""L.L.C.," or "LLC.")
	,,,
BSC Securities, LLC  (If name unavailable, enter alternate name adopted for the purpose of transacting business in consent of the managers or managing members adopting the alternate name. The alternate na Company," "L.L.C," "LLC.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 90038772 (FEI number	r, if applicable)
4. 08/2006 (Date of Organization)  5. perpetual (Duration: Year limited exist or "perpetual")	liability company will cease to
6.	2 H
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	y) ASS
7. 730 Westbury Ln., Georgetown, TX 78633	TTI TO
	PH 2:
(Street Address of Principal Office)	- 20 N
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or mana	gers are as follows:
Michael Cooney, 862 Barcarmil Way, Naples, FL 34110	
Patrick Horsman, 15210 N. Scottsdale Rd., Suite 250 Sco	ottsdale, AZ 85254
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate under oath of the translation must be submitted.)	•
11. Nature of business or purposes to be conducted or promoted in Florida: $\underline{t}\underline{t}$	ansaction of any lawful
business as permitted under the laws of the State of Florid	a
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 constitute penalties of perjury that the facts stated herein are true. I am aware that any false document to the Department of State constitutes a third degree felony as pro  Michael Cooney	nformation submitted in a
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 of the Limited Liability Compa	any is:	
Blue Sand Securities, LLC		
If unavailable, the alternate to be used in the	e state of Florida is:	
BSC Securities, LLC		
2. The name and the Florida street address of	of the registered agent and office are:	
Michael Cooney		_ E <sub>U</sub> _
	(Name)	2 M
862 Barcarmil Way		HASS
Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	
Naples	<sub>FL</sub> 34110	2 MAY 14 PH 2: 47
	City/State/Zip	IDA
Having been named as registered agent and to liability company at the place designated in the agent and agree to act in this capacity. I furtive relating to the proper and complete performation obligations of my position as registered agent (Signal School)  \$ 100.00	his certificate, I hereby accept the appoin her agree to comply with the provisions o nce of my duties, and I am familiar with o t as provided for in Chapter 608, Florida	ntment as registered of all statutes and accept the

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

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUE SAND SECURITIES 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 THIRTIETH DAY OF APRIL, A.D. 2012.

12 MAY IL PH 2: L7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4212838 8300

120488623

AUTHENTY CATION: 9539431

DATE: 04-30-12

You may verify this certificate online at corp.delaware.gov/authver.shtml