# M12000003577

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900236605189

U6/22/12--U1U23--UU3 \*\*125.UU

FILED

12 JUN 22 M 2: 26

SLORETARY OF STATE
SLORETARY OF STATE

J. BRYAN

JUN 2 C 2012

**EXAMINER** 

#### **COVER LETTER**

	Registration Section Division of Corporations	•
SUBJECT		
	Na	me of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please retu	urn all correspondence concerning this m	atter to the following:
	Eric D. Chasser	
		Name of Person
	Blue Cove Advisors, LLC	* *
		Firm/Company
2165 SW Olympic Club Terrace 空間 复		
	Palm City, FL 34990	Address SSTOP
	a ah a a a a @h lu a a a u a	City/State and Zip Code
	echasser@bluecove.	(to be used for future annual report notification)
For furthe	r information concerning this matter, ple	·
Ē	Eric D. Chasser	at (347 ) 329-5433
	Name of Person	Area Code & Daytime Telephone Number
D R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	d is a check for the following amount of the following	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

## 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS' IN THE STATE OF FLORIDA:
1. Blue Cove Advisors, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3. 32-0063498 (FEI number, if applicable)
company is organized)
4. December 13, 2002 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. August 1, 2012
(Date first transacted business in Florida, if prior to registration.)
7. 2165 SW Olympic Club Terrace
Palm City, FL 34990
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Eric D. Chasser
2165 SW Olympic Club Terrace
Palm City, FL 34990
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: consulting services
Zu
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

Eric D. Chasser

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.)

### 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	of the Limited Liability	Company is:	
Blue Cov	e Advisors, LLC		·
lf unavailable,	the alternate to be use	d in the state of Florida is:	<b>Ž</b>
2. The name a	and the Florida street ac	Idress of the registered agent and office are:	T.
	Eric D. Chasser	ASST A	M
		(Name)	
	2165 SW Olymp	ic Club Terrace eet Address (P.O. Box NOT ACCEPTABLE)	
	Florida Su	eel Address (F.O. Box NOT ACCEPTABLE)	
	Palm City	FL 34990	
		City/State/Zip	

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



PAGE

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "BLUE COVE ADVISORS 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 SEVENTH DAY OF JUNE, A.D. 2012.



3606529 8300

120646498

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 9627917

DATE: 06-07-12

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