Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : I19990000101 Phone : (561)691-0059

Fax Number : (561)691-0066

FORETARY OF STATE

XCCCTVC

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BRL Financial Consultants, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Hein

7/13/2007

https://efile.sunbiz.org/scripts/efilcovr.exe

Principal Office Address:

ARTICLES OF ORGANIZATION FOR FLORI	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
BRL Financial Consultants, LLC	
(Must end with the words "Limited Liability Co.	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princip	al office of the Limited Liability Company is:

Mailing Address:

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	,-		
1875 Ridge Road	· ' ' ' · · · · · · · · · · · · · · · ·	1875 Ridge Road	* *
North Palm Beach, FL 33408		North Palm Beach, FL 33408	
		•	

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:

Bruce Landay			
Name	_		
1875 Ridge Road			
Florida street address (P.O. Box NOT acceptable)			
North Pam Beach,	_{FL} 33408		
City, State, an	ıd 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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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	ARTICLE IV-	Manager(s) or Managi idress of each Manager	ng Member(s): or Managing Member is as follows:	
	<u>Title:</u> "MGR" = Mana _l "MGRM" = Man		Name and Address:	
	MGRM	·	Bruce Landay 1875 Ridge Road North Palm Beach, FL 33408	
		_	,	
				,
·				
	(Use attachment	if necessary)		
(If an	CLE V: Effective effective date is lis 0 days after the da	ted, the date must be sp	e of filing: (Cecific and cannot be more than five bus	OPTIONAL) siness days prior
	REQUIRED SIG	GNATURE;		
		(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)	2007 JUL 13 SECRETARY TALLAHASSI

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Filing Fees:

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