

# LD9000045954

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

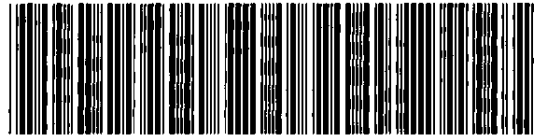
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 MAY 11 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAY 12 2009  
EXAMINER

**LAW OFFICE OF  
JOHN D. O'NEILL  
COUNSELOR AND ATTORNEY AT LAW**

**TELEPHONE  
561-366-1212**

**FACSIMILE  
561-366-1236**

May 7, 2009

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

Re: BRMC International, LLC  
dba Boca Raton Millionaires Club

To Whom It May Concern:

Enclosed please find the following as they pertain to the above referenced Organization:

1. Original copy of the Cover Letter and Articles of Organization for Florida Limited Liability Company, together with check no. 3848 payable to Florida Department of State in the amount of \$130.00 representing the State filing fee and the Certificate of Status.

Thank you in advance for your assistance. Please do not hesitate to contact my office should you have any questions.

With best regards, I remain

Sincerely yours,



John D. O'Neill

JDO/srs  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BRMC INTERNATIONAL, LLC.**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**Alan J. Strauss**

Name of Person

**BRMC INTERNATIONAL, LLC. dba BOCA RATON MILLIONAIRES CLUB**

Firm/Company

**433 Plaza Real, Suite 275**

Address

**Boca Raton, FL 33432**

City/State and Zip Code

**ajsocaraton@aol.com**

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

For further information concerning this matter, please call:

**Alan J. Strauss**

Name of Person

at ( **561** )

**558-9893**  
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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BRMC INTERNATIONAL, 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:

433 Plaza Real, Suite 275  
Boca Raton, FL 33432

### Mailing Address:

433 Plaza Real, Suite 275  
Boca Raton, FL 33432

## 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:

John D. O'Neill, P.A. Esq.  
Name

44 Coconut Row, Suite M-202

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

Palm Beach, FL 33480 FL

City, State, and Zip

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SECRETARY OF STATE  
PALM BEACH, FLORIDA

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*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.*

John D. O'Neill  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Alan J. Strauss

22917 Royal Crown Terrace

Boca Raton, FL 33433

(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.)

Alan J. Strauss

Typed or printed name of signee

**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)