PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
15 NOV 21 PM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000078593

1. Limited Liability Company's Name
AA MANAGEMENT SERVICES AND CONSULTING, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
650 West Ave		650 West Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1106		1106	
City & State		City & State	
Miami Beach FL		Miami Beach FL	
Zip	Country	Zip	Country
33139	US	33139	US

CR2E041 (1/14)

4. State/Country of Formation
Florida US

5. Date Organized or Qualified To Do Business in Florida 05/04/2015

6. FEI Number ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
ADAM ANDERSON

Street Address (P.O. Box Number is Not Acceptable) Suite,
650 West Ave

Apt. #, Etc.
1106

City	State	Zip Code
Miami Beach	FL	33139

400292522324
11/21/16--01002--012 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 11/17/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ADAM ANDERSON	650 West Ave #1106	Miami Beach FL 33139

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 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.

Signature of authorized representative/member S/ Adam Anderson Date 11/14/2016 Daytime Phone # 305 896-5742

Typed or printed name of signing authorized representative/member ADAM ANDERSON