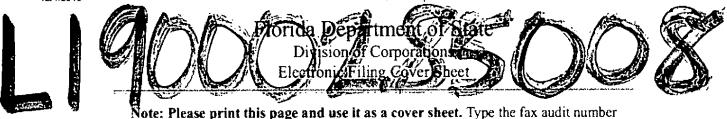
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

(((H19000350444 3)))



H190003504443ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : IMPROVED REVENUE SERVICE INC

Account Number : I20190000119 Phone : (786)552-2905 Fax Number : (786)733-1744

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## FLORIDA LIMITED LIABILITY CO. AAAW MANAGEMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

17867331744

## **COVER LETTER**

	rining Section ion of Corporations		
SUBJECT:	AAAW MANAGEME	ENT SERVICES, LLC	
Sobsect		mited Liability Company	
The enclosed a	Articles of Organization and fee(s) a	re submitted for filing.	
Please return a	Il correspondence concerning this m	ratter to the following:	
	AN <sup>-</sup>	THONY WONG PENA	
		Name of Person	
	AAAW MAN	IAGEMENT SERVICES, I	LC
		Firm/Company	
	1000	NW 1ST AVE #1110	
		Address	
_		MIAMI, FL 33136	
<del></del>	•	City/State and Zip Code	
	IMPROV	'EDRESE@YAHOO.COM	Л
_	E-mail address: (to be use	d for future annual report notifical	ion)
For further info	rmation concerning this matter, pleas	se call:	
AN <sup>2</sup>	THONY WONG PENA at (	786 ) 626-4106	
		Area Code Daytime Telephor	ne Number
Enclosed is a	check for the following amount:		
Ø\$125.00 Fil	ing Fee   \$\Bigcip\\$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	Street Address	
	New Filing Section	New Filing Section D	
	Division of Corporations	The Centre of Tallah	
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Stre Tallahassee, FL 3230	
	Laganassee, FL 32314	Lairanassee, P.L. 3230	1.7

(((H19000350444 3)))

## $ARTICLES OF ORGANIZATION FOR FLORIDALIMITED {\color{blue}LIABILITY} COMPANY$

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:		
	AAAW MANA	GEMENT S	ERVICES, LLC
(Must co	natin the words "Limited		
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limite	d Liability Company is:
Princi	pal Office Address:		Mailing Address:
	W 1ST AVE #1110 I, FL 33136	<del></del>	1000 NW 1ST AVE #1110 MIAMI, FL 33136
another business entity with ar	iy cannot serve as its own active Florida registration	Registered Agent on.)	ent's Signature: . You must designate an individual or
The name and the Florida stree	_	•	
	ANTH	IONY WONG PE	:NA
		Name	
		00 NW 1ST AVE	
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
	MAMI	FL	33136
	City	State	Zip
place designated in this certificat further agree to comply with the p	e, I hereby accept the app provisions of all statutes r pbligations of my position	ointment as registe elating to the prope as registered agen.	the above stated limited liability company at the ered agent and agree to act in this capacity. I er and complete performance of my duties, and t as provided for in Chapter 605, F.S
		(CONTINUED	)

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ARTICLE IV-

## (((H19000350444 3)))

Title:		Name and Address:
	uthorized Member	
"MGR" = Mai	nager	
MMBR		ANTHONY WONG PENA
	<del></del>	1000 NW 1ST AVE #1110
		MIAMI. FL 33136
		***************************************
<del></del>	<del> </del>	
EV: Effective	nt if necessary)  date, if other than the cisted, the date must be	date of filing: 12/01/2019 (OPTIONAL) e specific and cannot be more than five business days prior to or 90
EV: Effective extive date is liffling.) the date insertinent's effective	date, if other than the cisted, the date must be	e specific and cannot be more than five business days prior to or 90 sot meet the applicable statutory filing requirements, this date will not
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EV: Effective ctive date is li f filing.) the date insert nent's effectiv EVI: Other pro	e date, if other than the coisted, the date must be ded in this block does not be date on the Departmovisions, if any.  Signature of a This document is exert am aware that any from the date of the d	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Talse information submitted in a document to the Department of State.

- 5 30.00 Certified Copy (Optional)
  5 5.00 Certificate of Status (Optional)