

L20000019081

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000026798 3)))



H200000267983ABC1

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: _____

RECEIVED

2020 JAN 23 PM 4:43

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
ABOVE MANAGEMENT SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 23 PM 2:01

FILED

(((H20000026798 3)))

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ABOVE MANAGEMENT SERVICES 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:

IGNACIO DE LA PAZ

Name of Person

ABOVE MANAGEMENT SERVICES LLC

Firm/Company

7825 NE BAYSHORE CT #504

Address

MIAMI, FL 33138

City/State and Zip Code

IMPROVEDRESE@YAHOO.COM

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

For further information concerning this matter, please call:

IGNACIO DE LA PAZ at (**786**) **439-7219**
Name of Person 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

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
 2020 JAN 23 PM 2:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(((H20000026798 3)))

(((H20000026798 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABOVE MANAGEMENT SERVICES LLC

(Must contain 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:**Mailing Address:**7825 NE BAYSHORE CT #504
MIAMI, FL 331387825 NE BAYSHORE CT #504
MIAMI, FL 33138**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:

IGNACIO DE LA PAZ

Name

7825 NE BAYSHORE CT #504

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

MIAMI

FL

33138

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H20000026798 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 23 PM 2:01

FILED

(((H20000026798 3)))

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

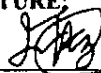
"MGR" = Manager

Name and Address:MGRIGNACIO DE LA PAZ7825 NE BAYSHORE CT #504MIAMI, FL 33138FILED
2020 JAN 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.IGNACIO DE LA PAZ

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)

(((H20000026798 3)))