12200003059					
(Requestor's Name)					
(Address) (Address)	000391164130				
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL (Business Entity Name)	08/24/2301011v18 ++90.01				

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2022 AUG 24 AH 10: 20



COVER LETTER

TO:	Registration Section
	Division of Corporations

ABMS Consulting, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luca Di Nunzio

Name of Person

Dorcey Law Firm

Firm/Company

10181 Six Mile Cypress Pkwy, Suite C

Address

Fort Myers, FL 33966

City/State and Zip Code

support@dlfregisteredagent.com

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

For further information concerning this matter, please call:

Luca Di Nunzio	239	308-1073
	_ at ()
Name of Person	Area Code	Davtime Telephone Number

Mailing Address:

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

Street Address:

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

2022 AUG 24 AH 10: 20

: -

· / . /

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

NAME OF LLC: ABMS CONSULTING, LLC

FLORIDA LLC DOCUMENT NUMBER: L22000003089	-	2022	
PRINCIPAL OFFICE ADDRESS: 1326 Gasparilla Dr., Fort Myers, FL 33901		AUG 24	ן ני אריי
MAILING ADDRESS (if different): 1326 Gasparilla Dr., Fort Myers, FL 33901	1	ΛI1	166
MANAGER: Barbara Miranda-Sousa		10: 20	\bigcirc

Below is the authority given to Barbara Miranda-Sousa. Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC. including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority).

He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.

He/She has Authority to Purchase Property in the Name of the LLC.

□ He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.

He/She has authority to Open Bank Account(s) in Name of the LLC.

He/She has authority to Close Bank Account(s) Owned by the LLC.

He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.

□ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property (Ex: Vehicles/Equipment).

□ He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex: Vehicles/Equipment).

He/She has authority to Enter into Contract(s) for the Purchase of Supplies.

He/She has authority to Enter into Contract(s) for the Purchase of Material(s).

He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.

Page 1 of 2

Statement of Authority for Barbara Miranda-Sousa

He/She has authority to Enter into Contract(s) for the Purchase of Services.

He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.

He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).

He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.

□ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.

□ He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.

□ He/She has authority to File Annual Reports with State of Florida.

He/She has authority to Amend Annual Reports with State of Florida.

He/She has authority to File Statement of Authority(s) with State of Florida.

□ He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.

□ He/She has authority to Amend Articles of Organization.

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

ABMS CONSULTING, LLC;

DocuSigned by: Aléjandro Miranda–Savsa By:

Print Name: Alejandro Miranda-Sousa

Title: Manager

5022 AUG 24 NH 10: 20

Page 2 of 2