

4/27/2021

Division of Corporations

**P210000037966**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

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2021 APR 27 AM 9:56  
TALLAHASSEE, FL  
31478

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
RMP MANAGEMENT SERVICES CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2021 APR 27 PM 4:17  
TALLAHASSEE, FL  
31478

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: RMP MANAGEMENT SERVICES CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2136 SW 5TH ST APT 5  
MIAMI, FL 33135

SAME AS PRINCIPAL ADDRESS

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RAFAEL PEREZ MONTERO/P Name and Title: \_\_\_\_\_

Address 2136 SW 5TH ST APT 5 Address: \_\_\_\_\_  
MIAMI, FL 33135

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: RAFAEL PEREZ MONTERO  
Address: 2136 SW 5TH ST APT 5  
MIAMI, FL 33135

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: RAFAEL PEREZ MONTERO  
Address: 2136 SW 5TH ST APT 5  
MIAMI, FL 33135

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**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent  
04/27/2021  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator  
04/27/2021  
Date