

M 21000006374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

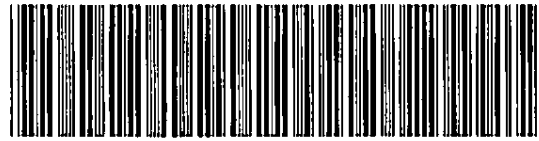
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
2nd Reject  
W 21 0000067352  
  
W 21 0000034164

Office Use Only



300360503153

02/24/21--01031--020 ++130.00

FILED  
2021 MAY 25 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FL

US  
5/25/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2021

GEORGE WILKERSON  
2128 SEA FERN WAY  
EASTPOINT, FL 32328

SUBJECT: AARON MEALS, LLC  
Ref. Number: W21000067352

We have received your document for AARON MEALS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 421A00010230

5/6/2021

Ms. Scott,

I called the main number and learned that my first application was rejected and that I needed to send proof of certification in Arkansas. Your office did apparently mail that notice to me on 3/14, but I didn't get it in the daily mail.

Please find attached:

The original form I mailed  
The articles of incorporation from the Sec of State's office in Arkansas (dated 2/5/21)  
The EIN assignment letter

If this isn't sufficient, please call me at (501) 993-0901. I am back and forth between Florida and Arkansas fairly often.

The LLC exists to accept donations from patrons at restaurants which buy meals from the restaurants which are then donated to homeless or needy people in the area.

Thank you for your help!

George Wilkerson



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FILED

P.S. I sent a check for \$132<sup>00</sup> with the first application.

RECEIVED  
MAY 10 2021



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aaron Meals, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

2. State of Arkansas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-1912163  
(FEI number, if applicable)

4. Have not yet.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 19 Chenal Village  
(Street Address of Principal Office)  
  
Little Rock, AR 72223

6. P.O. Box 242718  
(Mailing Address)  
  
Little Rock, AR 72223

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

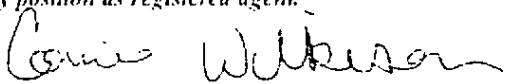
Name: Connie Wilkerson

Office Address: 2128 Sea Fern Way

Eastpoint, Florida 32328  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

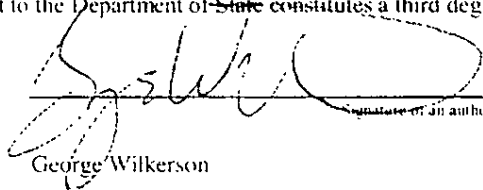
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>George Wilkerson</u>	<input type="checkbox"/> Manager	Name: <u>Sarah Wilkerson</u>
<input type="checkbox"/> Member	Address: <u>2128 Sea Fern Way</u>	<input checked="" type="checkbox"/> Member	Address: <u>9008 Rolling Hills Dr</u>
<input type="checkbox"/> Authorized	<u>Eastpoint, FL 32328</u>	<input type="checkbox"/> Authorized	<u>Alexander, AR 72022</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Chance Wilkerson</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>19 Chenal Village</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Little Rock, AR 72223</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 TALLAHASSEE, FL

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
 \_\_\_\_\_  
Signature of an authorized person  
 George Wilkerson  
 \_\_\_\_\_  
Typed or printed name of signer



**Arkansas Secretary of State  
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**AARON MEALS**

authorized to transact business in the State of Arkansas as a Non-Profit Corporation filed Articles of Incorporation in this office February 5, 2021.

Our records reflect that said entity, having complied with all statutory requirements of the State of Arkansas, is qualified to transact business in this State.

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TALLAHASSEE FL

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**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 24th day of May 2021.



*John Thurston*  
John Thurston  
Secretary of State

Online Certificate Authorization Code: 6f5512413ec21d2  
To verify the Authorization Code, visit sos.arkansas.gov