F2 0000003658

(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:						
Permission per Michael to ab & 'Florida' & the end of the bus name 8/21/20 58/						

Office Use Only



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2020 #11 -6 P! 1:09



COVER LETTER

TO:	Registration Section Division of Corpo					
SUBJ	IECT:	THE AAI	RON GR	OUP, INC.		
.,00,00		Name of corpora	ition - mi	st include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good corporation to transact bu	Standing'	and check are sub		
Please	return all correspon	dence concerning this m	atter to th	e following:		
		MICHE	L TURPI	EAU		
		Namo	e of Perso	on		
		THE AAR	ON GRO	UP, INC.		
		Firm/	Company	,		
		6401 BLU	JFF ROA	AD .		
•		Α	ddress			
		HOPKINS,	SOUTH	CAROLINA 290	61	
		City/Sta	nte and Zi	p code		
		ADMIN@A/				797
		E-mail address: (to be us	sed for fu	ture annual report r	iotification)	
For further information concerning this matter, please call:						<u> </u>
		40.4				ტე
<u>MI6</u>	CHEL TURPEAU	at () _	622-4308		:
	Name of Person	Area	Code	Daytime Telepl	none Number ·	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		e following amount: b: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	\$87.50 Fili Certificate Certified C	of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting but	siness in Florida)	
	CAROLINA 3.	58-1978318		
ate or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)	
	14, 2010 5.	(Date of duration, if other than		
(Date	of incorporation) N / A		perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607,1501 & 607,150 6401 BLUFF ROA			
	(Principal office	: street address)		
	•	DRIVE, ATLANTA, GA 30311		
	(Current mailing	address, if different)		
			7	
ne and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	99	
Name:	BILL HAVRE		7	
4.1.1	7901 4TH STREET, NORTH		9-	
Address:	ST. PETERSBURG	, Florida	<u></u>	
Address:		(Zip code)	 **	
Address:	(City)	• •		
	(City) ent's acceptance:		ر ق	
istered age gbeen nam		of process for the above stated cor	poration at the p	

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

A. DIRECTORS								
TChairman	Name: Michel Turpeau	□Chairman	Name:					
ZVice Chairman	Address:	□Vice Chairman	Address:					
□Director	ATLANTA, GA 30311	□Director						
■President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary		□Treasurer				
		□Other		□Other				
^T Chairman	Numer	□Chairman	Nama					
	Name:							
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director		□Director						
□President		□President						
□Vice President		□Vice President						
□ Secretary	□Treasurer	□Secretary		□Treasurer				
Other	□Other	□Other		□Other				
				70207				
TChairman	Name:	□Chairman	Name:	<u> </u>				
□ Vice Chairman	Address:	□Vice Chairman	Address:					
Director		□Director						
□President		□President						
□Vice President		□Vice President		+ 3				
II Secretary	□Treasurer	☐ Secretary		□Treasurer				
TOther		□Other		□Other				
Important Notice: Useful attachment or 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. 12. Signature of Director or Officer								

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

AARON GROUP INC. THE, a corporation duly organized under the laws of the State of South Carolina on July 14th, 2010, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 4th day of August, 2020.

Mark Hammond, Secretary of State