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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

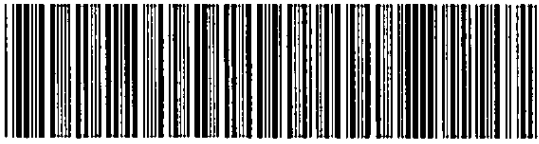
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
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2024 AUG - 5 PM 7:12

S. FRANKLIN
AUG - 8 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.A.B.S. Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James McClelland
Name of Person

A.A.B.S. Inc.
Firm/Company

1857 Wells Rd Suite 222
Address

Orange Park Fl 32073
City/State and Zip code

jr@aabsinc.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

James R. McClelland at (904) 809-8003
Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**
 \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,

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.

1. A.A.B.S. Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 56-2280232
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/10/2001 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1857 Wells Rd Suite 222 Orange Park FL 32073
(Principal office street address)

121 B N. Salem St Apex NC 27502
(Current mailing address, if different)

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

Name: James McClelland

Office Address: 1857 Wells Rd Suite ~~222~~ 216

Orange Park, Florida 32073
(City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

James McClelland
(Registered agent's signature)

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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Melissa VanBourgondien
 Vice Chairman Address: 101 E Chatham St.
 Director Ste G
 President Apex, NC 27502
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Peter Van Bourgondien
 Vice Chairman Address: 101 E Chatham St.
 Director Ste G
 President Apex, NC 27502
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: James McClelland
 Vice Chairman Address: 4190 Plantation Oaks Blvd
 Director Unit 1132
 President Orange Park Florida 32065
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Michelle Dean
 Vice Chairman Address: 60 Greenville Ct.
 Director Hampton, GA 30228
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

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.

12. James McClelland

 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 s.817.155, F.S.

13. James McClelland Treasurer

 (Typed or printed name and capacity of person signing application)

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NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

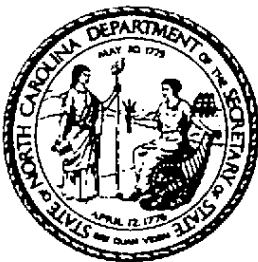
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

A.A.B.S. INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of December, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

06/03/2022 5:12 PM



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of June, 2022.

Elaine F. Marshall

Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2022

JAMES MCCLELLAND
1857 WELLS RD STE 222
ORANGE PARK, FL 32073 US

SUBJECT: A.A.B.S. INC.
Ref. Number: W22000093357

We have received your document for A.A.B.S. INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Each officer should be separated on the application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 822A00015897

RECEIVED
AUG 05 2022