

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
W21000067352

W21000034164

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:

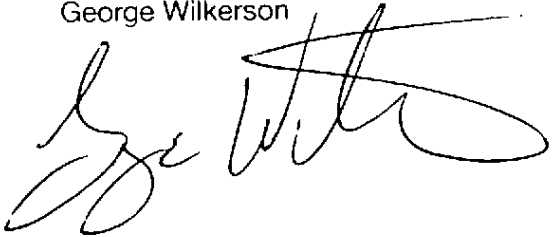
The original form I mailed
The articles of incorporation from the Sec of State's office in Arkansas (dated 2/5/21)
The EIN assignment letter

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



P.S.
I sent a check for \$132.00 with the first application.

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RECEIVED
MAY 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aaron Meals, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

George Wilkerson

Name of Person

Firm/Company

2128 Sea Fern Way

Address

Eastpoint, FL 32328

City/State and Zip Code

gwilkerson26@att.net

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

George Wilkerson

501

993-0901

at ()

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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," "LLC," or "L.L.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.L.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)

6. P.O. Box 242718
(Mailing Address)

Little Rock, AR 72223
Little Rock, AR 72223

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

Name: Connie Wilkerson

Office Address: 2128 Sea Fern Way

Eastpoint 32328
(City) Florida (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.

Connie Wilkerson
(Registered agent's signature)

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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]:

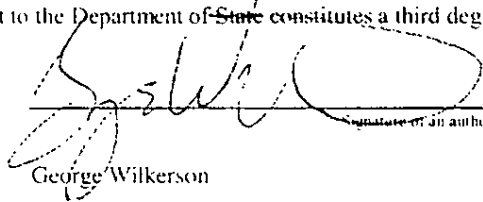
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	George Wilkerson		<input type="checkbox"/> Manager	Name:	Sarah Wilkerson	
<input type="checkbox"/> Member	Address:	2128 Sea Fern Way		<input checked=""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

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TALLAHASSEE FL

FILED



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
Secretary of State

Online Certificate Authorization Code: 6f5512413ee21d2
To verify the Authorization Code, visit sos.arkansas.gov