

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEH Legacy Consulting, 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:

Veronica Griffin
Name of Person

AEH Legacy Consulting, LLC
Firm/Company

126 Hansen Jones Rd
Address

Vinegar Bend, al 36584
City/State and Zip Code

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

For further information concerning this matter, please call:

Veronica Griffin at (251) 591-6644
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AEH Legacy Consulting, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

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

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

3. 47-3134434
(FEI number, if applicable)

4. February 2, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 126 Hansen Jones Rd.
(Street Address of Principal Office)

6. 126 Hansen Jones Rd
(Mailing Address)

Vinegar Bend, Al.
36584

Vinegar Bend, al.
36584

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

Name: Coastal Plywood Company

Office Address: 8007 Florida-Georgia Hwy

Havana, Florida 32333
(City) (Zip code)

FILED
2022 FEB 16 AM 7:43
CLERK OF STATE

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.

[Signature]
(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]:

Title or Capacity: Manager Name: A. Elizabeth Hansen
 Member Address: 126 Hansen Jones Rd
 Authorized Vinegar Bend, al.
Person 36584
 Other _____ Other _____

Title or Capacity: Manager Name: Eddie Taylor Jr.
 Member Address: 120 Lynbrook Dr
 Authorized Brenton, al.
Person 36426
 Other _____ Other _____

Manager Name: Jacob Cannon
 Member Address: 2210 Thomas Rd.
 Authorized Brenton, al.
Person 36426
 Other _____ Other _____

Manager Name: Robert Knowles
 Member Address: 710 Evergreen Ave
 Authorized Brenton, al.
Person 36426
 Other _____ Other _____

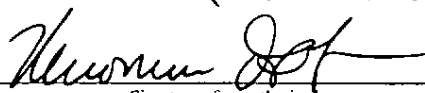
Manager Name: Gary McGraw
 Member Address: 301 Travis St.
 Authorized Brenton, al.
Person 36426
 Other _____ Other _____

Manager Name: Danteus Givan^{Barn}
 Member Address: 522 Jack Pine Dr.
 Authorized Montgomery, al.
Person 36116
 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.

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

Veronica Griffin
Typed or printed name of signer

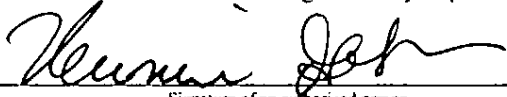
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Kristian Taylor</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1201 Forrest Ave</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Lot 12</u>	<input type="checkbox"/> Authorized	_____
Person	<u>East Brewton, al. 36426</u>	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 _____
<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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 Signature of an authorized person

Veronica Griffin

 Typed or printed name of signee

JOHN H. MERRILL
SECRETARY OF STATE

ALABAMA STATE CAPITOL
MONTGOMERY, AL 36130

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that AEH Legacy Consulting, LLC was formed in Washington County on February 18, 2015. The Alabama Entity Identification number for this entity is 000-328-958. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.



004-830

Date

May 2, 2022

John H. Merrill

Secretary of State