

M 22 000 0 12650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

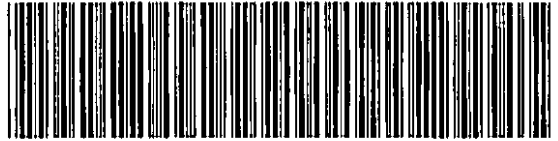
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2024 AUG 12 PM 7:24

S. FRANKLIN

AUG 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

ABA Traffic Control LLC

SUBJECT: _____
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:

Shabonia Hickman

Name of Person

ABA Traffic Control LLC

Firm/Company

10979 Reed Hartman Highway, suite 332

Address

Blue Ash, OH 45242

City/State and Zip Code

Shickman@abatrafliccontrol.co

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

2024 Nov 12 PM 7:24

For further information concerning this matter, please call:

Shabonia Hickman

513

300-6828

Name of Contact Person at () 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:

ABA Traffic Control LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")
Ohio

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

3. 85-317-2827
(FEI number, if applicable)

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

10979 Reed Hartman Highway

10979 Reed Hartman Highway

5. _____
(Street Address of Principal Office)

Suite 332

6. _____
(Mailing Address)

Suite 332

Blue Ash, OH 45242

Blue Ash, OH 45242

1024
12
PM
7:24

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

Deja Jones

Name: _____

3407 Harry street

Office Address: _____

Apopka

32712

_____, Florida _____
(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.

Deja Jones
(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: **Name and Address:**
 Manager Name: Shabonia Hickman
 Member Address: 460 Ashley Brook Drive
 Authorized Hamilton, OH 45013
 Person _____
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: Adriana Hickman
 Member Address: 820 Tarkenton Way
 Authorized Wake Forest, NC 33853
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

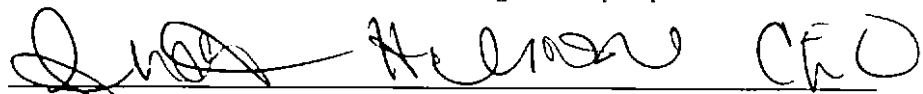
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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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

Shabonia Hickman CEO

 Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ABA TRAFFIC CONTROL LLC, an Ohio Limited Liability Company, Registration Number 4548494, was organized in the State of Ohio on September 25, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of August, A.D. 2022.

Frank LaRose

Ohio Secretary of State

Validation Number: 202222106848

2024 AUG 12 PM 7:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2022

SHABONIA HICKMAN
10979 REED HARTMAN HIGHWAY STE 332
BLUE ASH, OH 45242 US

SUBJECT: ABA TRAFFICE CONTROL LLC
Ref. Number: W22000097710

We have received your document for ABA TRAFFICE CONTROL LLC and your check(s) totaling \$160.00. 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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 022A00016725

RECEIVED

AUG 12 2022