

M23000004560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

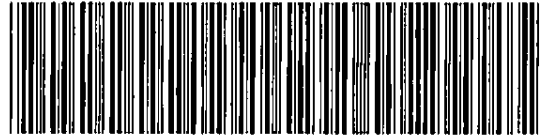
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000034770

Office Use Only



400402194834

02/16/23--01018--014 \*\*160.00

2023 APR -7 PM 1:21

RECEIVED  
AND  
FILED

02/08/2023  
K. Brumblay



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2023

ARCHIE WILSON  
1000 PEGGY CIRCLE  
SUITE 303  
NAPLES, FL 34113

SUBJECT: AAA CONSULTING & LOGISTICS, LLC  
Ref. Number: W23000034770

We have received your document for AAA CONSULTING & LOGISTICS, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 723A00005848



AAA Consulting Services, LLC  
1000 Peggy Circle  
Suite 303  
Naples, FL 34113

February 13, 2023

Dear Florida Department of State,

Please find herewith our application to transact business in the State of Florida as AAA Consulting Services, LLC. Our company is registered in Georgia as AAA Consulting Services, LLC and we have been registered since 2020. We registered our business in Florida under the name AAA Consulting @ Logistics, LLC, but would like to conduct business as a foreign LLC in Florida under the original name of AAA Consulting Services, LLC.

Please find attached the application, check for \$160, and certificate of good standing (Certificate of Existence) from original jurisdiction (Georgia).

Thank you in advance for expediting this application and for reaching out to us for any clarifying questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Archie Wilson", written in a cursive, flowing style.

Archie Wilson  
AAA Consulting Services, LLC.  
404-664-3065

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AAA CONSULTING & LOGISTICS, 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:

ARCHIE WILSON  
Name of Person

AAA CONSULTING & LOGISTICS, LLC  
Firm/Company

1000 PEGGY CIRCLE SUITE 303  
Address

NAPLES, FL 34113  
City/State and Zip Code

ARCHIE.WILSON@AAACLOGISTICS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARCHIE WILSON at (404) 664-3065  
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. AAA CONSULTING SERVICES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

AAA CONSULTING SVCS, 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.")

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

3. 85-2871889  
(FEI number, if applicable)

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

5. 1000 PEGGY CIRCLE  
(Street Address of Principal Office)

6. 1000 PEGGY CIRCLE  
(Mailing Address)

#303

#303

NAPLES, FL 34113

NAPLES, FL 34113

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

Name: ARCHIE WILSON

Office Address: 1000 PEGGY CIRCLE #303  
NAPLES, Florida 34113  
(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.

Archie Wilson

(Registered agent's signature)

2023 APR -7 PM 1:21

NOTED  
AND  
FILED

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>ARCHIE WILSON</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1000 PEGGY CURVE</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u># 303</u>	<input type="checkbox"/> Authorized	_____
Person	<u>NAPLES, FL 34113</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 _____

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.

Archie Wilson  
Signature of an authorized person

ARCHIE WILSON  
Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **AAA Consulting Services LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24520419  
Date Inc/Auth/Filed: 09/02/2020  
Jurisdiction : Georgia  
Print Date : 02/13/2023  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State