

M23000014644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

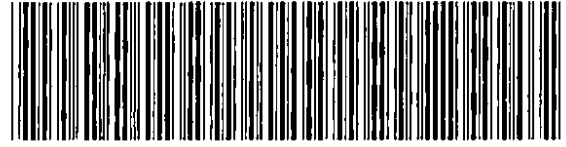
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800418149818

11.05.21 10:19:40 -016 \*\*100.00

2023 NOV 06 PM 4:36

## COVER LETTER

Registration Section  
Division of Corporations

CT: ABLE Kids Services LLC  
Name of Limited Liability Company

I have enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Incorporation, 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:

Melissa Moates / Brian S. Coursey  
Name of Person

Hull Barrett PC  
Firm/Company

1202 Town Park Lane, Ste 207  
Address

Evans, GA 30809  
City/State and Zip Code

allan.soto@vineacapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Moates at (706) 664-2024  
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

LOCATION 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:

BLE Kids Services LLC

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

If 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.")

GEORGIA

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

3. 84-2724688

(FEI number, if applicable)

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

209 7th Street, Floor 5

(Physical Address of Principal Office)

Augusta, GA 30901

209 7th Street, Floor 5

6. (Mailing Address)

Augusta, GA 30901

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

Name: Allan Soto

Office Address: 55 W 59th Street

Hialeah

(City)

Florida 33012

(Zip code)

2023 NOV 06 PM 4: 36

77-1-20

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.

(Registered agent's signature)

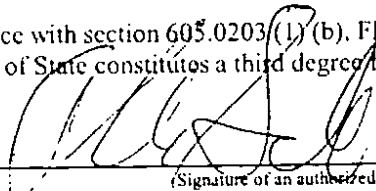
initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to [up to six (6) total]:

<u>Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: <u>Allan Soto</u>	<input type="checkbox"/> Manager	Name: _____
Member	Address: <u>55 W 59th Street</u>	<input type="checkbox"/> Member	Address: _____
Authorized	<u>Hialeah, FL 33012</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
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.

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)

Allan Soto

\_\_\_\_\_  
Typed or printed name of signee

# 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 the State of Georgia that

**ABLE Kids Services LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the date stated below. 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 termination 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 : 26167741  
Date Inc/Auth/Filed: 08/14/2019  
Jurisdiction : Georgia  
Print Date : 11/02/2023  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



# HULL BARRETT

A T T O R N E Y S

AUGUSTA AIKEN EVANS

**MELISSA MOATES**

PARALEGAL TO BRIAN S. COURSEY

[MMOATES@HULLBARRETT.COM](mailto:MMOATES@HULLBARRETT.COM)

November 3, 2023

VIA FEDERAL EXPRESS

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 323103

RE: Application by Foreign Limited Liability Company for Authorization to  
Transact Business in Florida – ABLE Kids Services LLC

Dear Sir or Madam:

Please find enclosed the following documents:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Good Standing from Georgia; and
4. Check in the total amount of \$160.00.

I am also enclosing a self-addressed stamped envelope for your convenience. Please notify me immediately if this filing is not accepted.

Thank you for your assistance with this matter. Please give me a call if you have any questions.

Very truly yours,

Melissa Moates

Enclosures

[WWW.HULLBARRETT.COM](http://WWW.HULLBARRETT.COM)

HULL BARRETT, PC, 1202 TOWN PARK LANE, STE 207, EVANS, GEORGIA 30809

TELEPHONE: (706) 722-4481 FAX: (706) 381-3088