# L19000223058

(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



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2019 SEP 10 AH 9: 05
SECRETARY OF STATE



August 14, 2019

CLAYTON B. BURTON, JR. 4091 AMTC CENTER DR CLEARWATER, FL 33764

SUBJECT: AURA MULTIMEDIA CORPORATION

Ref. Number: W19000075097

We have received your document for AURA MULTIMEDIA CORPORATION and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 819A00016739

12:1 Hd 8-1355102

www.sunbiz.org

## **COVER LETTER**

SUBJECT: Aura	Multimedic Name of Resu	Technologies	5 Company LLC
The enclosed Articles Business Entity" into	of Conversion, Article	es of Organization, and	d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	this matter to:	
Clayton B Aura Mult	Contact Person)  1 Media (Firm/Company)		
4091 AMTO	Center [ (Address)	)rive	
Clearwate	ity, State and Zip Code)	64	
churtona	antc. Com	port notifications)	
For further information	on concerning this mat	ter, please call:	
Aura Multin (Name of Contact	Nedia.	_at ( <del>, ,</del> ),	12-5549 time Telephone Number)
Enclosed is a check for dollars and drawn on	or the following amou a bank located in the l	nt: (All checks process United States)	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building		MAILING A New Filing S Division of C P. O. Box 63: Tallahassee,	ection Corporations 27
2661 Executive Cent	er Circle	i allanassee.	FL 34314

Tallahassee, FL 32301

**TO:** New Filing Section Division of Corporations

# **Articles of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Aura Mutimedia Componation  (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on Aug 2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Aura Multimedia Technologies Company LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of	20 19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: President
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature:	m. I
Printed Name:	Title:
Signature:Printed Name:	mid
Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	rue.
Signature:Printed Name:	Title
rinited Name.	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Aura Multimedia Technolo (Must contain the words "Limited Liability	company LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4091 AMTC Center Drive Clearwater FL 33764	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
- ,	
KimWickma	ar
Name	
1980 Sever 1	<u>)</u> R
Florida street address (P.O.	Box NOT acceptable)
CIW FL	FL 33764
City	Σip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  (MGR)	Clayton B. Burton JR. 4091 Amtc Center Dr. CIW. Fl. 33764
(Use attachment if necessary)	
CLE V: Other provisions, if any.	•
REQUIRED SIGNATURE:	
(its now)	
Signature of a member or	an authorized representative of a member
any false information submitted in a docu as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware the iment to the Department of State constitutes a third degree felo
Clayton B Burt	-on Jr.
Ty	ped or printed name of signee Filing Fees

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-