

P000000036256

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-04/05/00--01050--011
*****78.75 *****78.75

SUBJECT: AURA ARCTICA INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Nicholas R. FANELLA

Name (Printed or typed)

434 Tanglewood Drive

Address

Fort WALTON Beach, FL

City, State & Zip

850 862 7131

Daytime Telephone number

FILED
APR -5 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

4/10

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be AURA ARCTICA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

434 Tanglewood Drive
Fort Walton Beach, FL 32547

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
One Thousand (1000) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

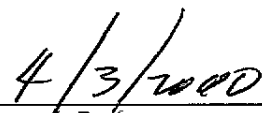
Nicholas R. Fanella
434 Tanglewood Drive
Fort Walton Beach, FL 32547

ARTICLE V INCORPORATOR

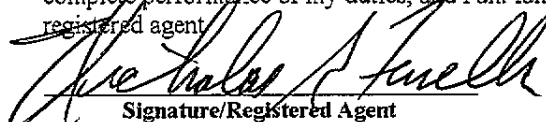
The name and address of the incorporator to these Articles of Incorporation are:

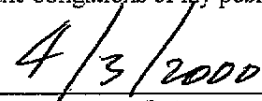
Nicholas R. Fanella
434 Tanglewood Drive
Fort Walton Beach, FL 32547


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating 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


Date

FILED
00 APR -5 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA