

P15000048455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

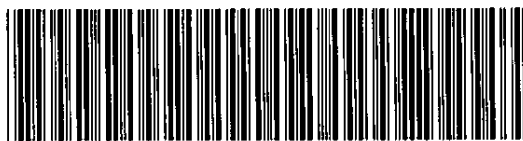
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100272959391

06/03/15--01001--016 **87.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS
15 JUN -2 PM 4:53
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 JUN -2 PM 5:04
SECRETARY OF STATE
ATLANTA, GA 30334

4/2/15

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

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

SUBJECT: HUE AURA, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Samantha Loh.
Name (Printed or typed)

3571 Lakeshore Drive
Address

Tallahassee, FL 32312.
City, State & Zip

850-459-4589
Daytime Telephone number

sloh32@yahoo.com.
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the social purpose corporation shall be HUE AURA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3571 Lakeshore Dr
Tallahassee, FL 32312

P.O. Box 180722
Tallahassee, FL 32318.

ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

We promote & facilitate a healthy, homeopathic, holistic
lifestyle/culture. We educate & train people how to live
such lifestyle. We promote & advocate protection for natural farms.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

We teach & promote the use of wild-harvested medicinal
herbs by incorporating them into their diet to help maintain
well-being and best nutritional practices.

ARTICLE IV SHARES

The number of shares of stock is: 12,000,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Samantha Loh, President Name and Title: Gideon Xi-Amaru, CEO
Address: 3571 Lakeshore Dr. Address: 3571 Lakeshore Dr.
Tallahassee, FL 32312 Tallahassee, FL 32312.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name : _____

Address _____

If applicable, BENEFIT OFFICER:

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Samantha Loh

Address: 3571 Lakeshore Dr
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

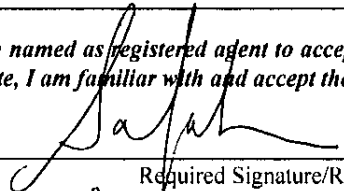
The **name and address** of the Incorporator is:

Name: Samantha Loh.

Address: 3571 Lakeshore Dr.
Tallahassee, FL 32312.

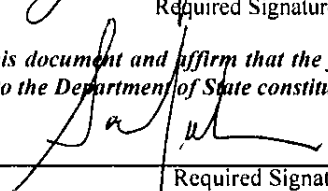
ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 
Required Signature/Registered Agent

X 5/2/2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

X 
Required Signature/Incorporator

X 5/2/2015
Date