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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	_ Certificates	of Status		
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COVER LETTER

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

SUBJECT:	AURORA BUSINESS CONSULTANTS, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d 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 CO	PY REQUIRED		
FROM:	Bill	ie Jo Umans			
	Name	e (Printed or typed)			
-		SW 143 Place			
	Address				
Miami, Florida 33186 City, State & Zip					
 -	Daytime T	elephone number			
	bjumans@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

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

ARTICLE I The name of the	NAME corporation shall be:	Aurora Business Consultants, Inc.	
	PRINCIPAL OFFICE Principal street address	Mailing address, if differen	nt is:
15012 SW 143	Place		
Miami, Florida	, 33186		
ARTICLE III The purpose fo	PURPOSE r which the corporation is organized	is:	
To provide bus	liness services, included, but not limi	ited to, accounting, policies and procedure, human resource	es,
business plans,	and general assistance.		
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ARTICLE IV	SHARES 1000		14 0: Or
The number of	shares of stock is:		earner Care
ARTICLE V	INITIAL OFFICERS AND/OR DI	IRECTORS	
	and Title: Billie Jo Umans, Presiden	t Name and Title Rudy Umans, Secretary	
Addre	15012 SW 143 Place	Address: 15012 SW 143 Place	
	Miami, Florida 33186	Miami, Florida 33186	
Name	and Title	Name and Title:	
Addre			
Addic		Address:	
			·
Name a	and Title:	Name and Title:	
Addre	ss	Address:	

Name a	and Title:1	Name and Title:
Addres	ess	Address:
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable) of the	he registered agent is:
Name:	Billie Jo Umans	
Address:	15012 SW 143 Place	
	Miami, Florida 33186	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	Billie Jo Umans	
Address:	15012 SW 143 Place	·
	Miami, Florida 33186	
ARTICLE VIII	I EFFECTIVE DATE: July 06, 2015	
Effective date, i	if other than the date of filing: date is listed, the date must be specific and cannot be	(OPTIONAL) be more than five business days prior or 90 business
days after the f		• •
	ate inserted in this block does not meet the applicable st seffective date on the Department of State's records.	atutory filing requirements, this date will not be listed as
	·	
	amed as registered agent to accept service of process f Sassifications with and accept the appointment as regis	for the above stated corporation at the place designated in
mis centificate,	busiyannaar wan and accept the appointment as regis	tereu agent ana agree to act in ints capacity
		7/6/15
	Required Signature/Registered Agent	Dates
	ocument and affirm that the facts stated herein are tr e-Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155. F.S.
5	alle (111)	7/1/15
Requ	uired Signature/Incorporator	Date