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(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	rtified Copies Certificates of Status			
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Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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

SUBJECT: AURORA CONSULTINA DE . (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 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Auroen M. Gomes Name (Printed or typed) Soite 234				
6625 Minni Lakes Deive. Address				
Minni Lakes, F/ 33014				
City, State & Zip (305) 450-920/				
Daytime Telephone number				

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME The name of the corporation	on shall be:	URORA	Conso	Iting, D	<u> ۱۵۲</u>
<i>ARTICLE II PRINCI</i> F	PAL OFFICE Principal <u>street</u> address		Mailin	g address, if different	is:
6625 ml	Jami Lak	<u>le De</u> ive :	So: te 239	<i>[</i> .	
ARTICLE III PURPOS The purpose for which the			sotting.	Services	
				ALLAHAS	3
ARTICLE IV SHARE. The number of shares of si)		SEE. FRORIDA	8 PH 4: 50
Name and Title:	OFFICERS AND/OR AURORA ^	1. gomes	Name and Title:		
Address <u>.</u>	chas din	wi Lakes I	wadress, Suit	e 234.	
Name and Title:_			Name and Title:		
Address _			Address:		
Name and Title		·	 Name and Title:		
Address					•
•					

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:
Name: AUROLA M. GOM	
Address: 66 25 Winnid	Lakes Deive Soite 33.4
	F/33014.
ARTICLE VII INCORPORATOR	F SO
The <u>name and address</u> of the Incorporator is:)
Name: ADEDRA M. 3	ome 5
Address: 6625 Ains	Lakes Deire Soite 234. Fl 33014
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific an days after the filing.)	d cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed as records.
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointme	
Lome	1/13/2015
Required Signature/Registered Ag	
I submit this document and affirm that the facts stated he document to the Department of State constitutes a third deg	rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.
(A)	1/13/2015.
Required Signature/Incorporator	Date

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