

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 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: Samantha Lai Loh.
Name (Printed or typed)

P.O. Box 181413
Address

Tallahassee, FL ~~32304~~ 32318
City, State & Zip

(216) 440-5939
Daytime Telephone number

hueaura@gmail.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 NAME

The name of the corporation shall be: HUE AURA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
518 Chattahoochee Street
Chattahoochee, FL 32324

Mailing address, if different is:
P.O. Box 181413
Tallahassee, FL 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 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: promotion & facilitation of healthy, holistic, homeopathic lifestyle/culture through customer education and promotion/advocacy of natural farming and energy conservation and renewable energy production.

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Ryan-O'Neil: Clarke, Visionary</u>	Name and Title: <u>Samantha Lai Loh, President</u>
Address: <u>P.O. Box 181413</u> <u>Tallahassee, FL 32318</u>	Address: <u>P.O. Box 181413</u> <u>Tallahassee, FL 32318</u>

Name and Title: <u>Mike Destin, CEO</u>	Name and Title: _____
Address: <u>2325 W. Pensacola St.</u> <u>Apt 104.</u> <u>Tallahassee, FL 32308</u>	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

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FILED
SERIALS DIVISION
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Samantha Lai Loh
Address: 2325 W. Pensacola St. Apt 104
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samantha Lai Loh
Address: 2325 W. Pensacola St. Apt 104
Tallahassee, FL 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/02/2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

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

Required Signature/Registered Agent 3/2/2022
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.

Required Signature/Incorporator 3/2/2022
Date