

P23000003571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

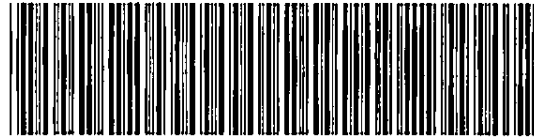
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

20220915



200389920442

010 11 0000 111 111111

9/15/22

FILED  
2022 SEP 15 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 JUL 15 AM 11:11

July 11, 2022

GARY M. HANNANS  
3043 MURRAY ST.  
ORANGE PARK, FL 32065

SUBJECT: AURA RELAXATION CORP.  
Ref. Number: W22000090885

We have received your document for AURA RELAXATION CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 322A00015379

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Aura Relaxation, LLC  
Enter Name of the Converting Entity

2. The converting entity is a Limited Liability Company L21000367605  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 8-15-2021  
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Aura Relaxation, Corp.  
Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: May 30, 2022  
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

**FILED**  
2022 SEP 15 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 1<sup>st</sup> day of September, 2022

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

[Signature]

Printed Name: Neca Davidson Title: Secretary

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: Gary M. Hammons Title: Mgr

Signature: [Signature]

Printed Name: Samad A. Comley Title: Mgr

Signature: [Signature]

Printed Name: Neca Davidson Title: Member

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Aura Relaxation Corp

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
3043 Murray St.  
Orange Park FL 32065

Mailing address, if different is:  
3043 Murray St.  
Orange Park, FL 32065

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful activity for which  
corporations may be incorporated in this state.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Gary Hannon - P

Address: 3043 Murray St.  
Orange Park, FL 32065

Name and Title: Neca Davidson - S

Address: 2821 Holly Point Dr  
Jacksonville, FL 32277

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Samad A. Cornley - VP

Address: 3043 Murray St.  
Orange Park, FL 32065

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2022 SEP 15 PM 2:24  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

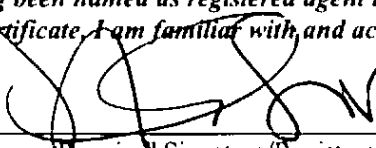
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nerea Davidson

Address: 2821 Holly Point Dr.  
Jacksonville, FL 32277

\*\*\*\*\*

*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

9-1-2022  
Date

FILED  
2022 SEP 15 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA