# P23000051639

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dualificas Little)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WZ3000088053

Office Use Only



000410028580

SCHOOL SCHOOL STATES



SUBJECT: AURORA BOREALIS INC

Ref. Number: W23000088053

We have received your document for AURORA BOREALIS INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return 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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 123A00014246

VED

#### **COVER LETTER**

**TO:** New Filing Section Division of Corporations

# SUBJECT: AURORA BOREALIS INC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

	_						
OLHA MOF	RMUL						
	Contact Person		_				
PBM CONSU	JLTING COM	PANY					
	Firm/Company		_				
100 VILLAGE G	REEN DR SUITE	220					
	Address	-	_				
LINCOLNS	HIRE IL 600	69					
	City, State and Zip Code	e	_		ALL	23	
	m-consulting		<del>_</del> . ,			23 JUA -	Ĩ
· ·	to be used for future annu	•	ation)		<u> </u>	αρ ~~	<u> </u>
For further information OLHA MOF	concerning this matter.	please call: at (630	44	0-4975	·	<b>=</b>	•
	ontact Person		/	Daytime Telephone Nur	mber	1: 39	
Enclosed is a check for	the following amount:						
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		□\$122.50 Filing Fees. Certified Copy, and Certificate of Status			
Mailing Address:			_	Address:			
New Filing Section Division of Corporations				Filing Section			
			on of Corporations entre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					
r ananassee. r	11, 34314		24101	in, montoe street, suite	. 010		

Tallahassee, FL 32303

# **Articles of Conversion**

For

# **Converting Eligible Entity**

Into

### Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> 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 in AURORA BOREALIS INC	ís:		
Enter Name of the Converting Entity  2. The converting entity is a S-CORPORATION	_,		
(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 ILLINOIS  (Enter state, or if a non-U.S. entity, the name of the country)			
on 09/22/2015  Enter date "Converting Entity" was first organized, formed or incorporated.	- H 과 15	2	
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporatio</u> AURORA BOREALIS INC		23 JUH-8	
Enter Name of Florida Profit Corporation	13 A.	74	•
4. This conversion was approved by the eligible converting entity in accordance with this chapter an current/organic jurisdiction.	id the la	ws of i	ts
5. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to nor more than 90 days after the date this document is Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.			

Signed	d this 31 day of IVIAY	. 2023	
Requi	ired Signature for Florida Profit Corporation	<u> </u>	
Signate (	ture of Director, Officer, or, if Directors or Office Mercays  OLEG CHERNYSH Title: PR	ESIDENT	itor:
Requi	red Signature(s) on behalf of Converting Flo		s, and limited liability
<u>compa</u>	anies: [See below for required signature(s).]		
Signati Printec	ure: Olg Chernsh d Name: OLEG CHERNYSH	PRESIDENT	<u> </u>
Signati	ure:	·	
Printed	d Name:	Title:	
Signati	ure:		<u></u>
Printec	d Name:d Name:d Name:	Title:	<u></u>
Signati	ture;		23 JUN 75.L.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Printec	d Name:	Title:	
Signati	ure:		
Printec	d Name:	Title:	
Signati	ure:		
Printed	d Name:	Title:	<u></u>
	rida General Partnership or Limited Liability ure of one General Partner.	y Partnership:	
	rida Limited Partnership or Limited Liability ures of <u>ALL</u> General Partners.	Y Limited Partnership:	
	rida Limited Liability Company: ure of a Member or Authorized Representative.		
<u>All oth</u> Signati	hers: ure of an authorized person.		
Fees:	Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$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: AURORA BOREALIS INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 37812 BEACON BRICK DR ZEPHYRHILLS FL 33540 <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: Support Activities for Air Transportation The number of shares of stock is: 1000 ARTICLE IV SHARES ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: OLEG CHERNYSH, PRESIDENT Name and Title: 37812 BEACON BRICK DR Address: Address: ZEPHYRHILLS FL 33540 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

ARTICLE VI REGISTERED AGENT

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

Name:

**OLEG CHERNYSH** 

Address:

37812 BEACON BRICK DR

ZEPHYRHILLS FL 33540

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

05/31/2023

Date

23 HM -8 FM 1: