

P2400000 37194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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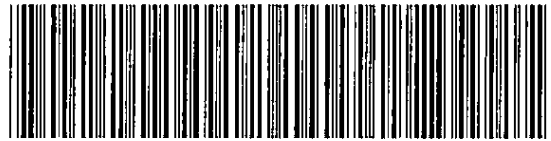
(Business Entity Name)

(Document Number)

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OFFICE OF STATE
TALLAHASSEE, FL

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2024 MAY 29 PM 3:35

OFFICE
TALLAHASSEE, FL 32304-6

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2380 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use ^{funds from Account: I 20210000160} ~~the check attached in the amount of \$70.00~~ ^{\$70.00}

Authorization Signature: [Signature]

Business Name: Aura Coffee Bar Inc.

Document #

___ Certified Copy

NEW FILINGS

- ___ Profit Corp
- ___ Not for Profit
- ___ Limited Liability
- ___ Domestication
- ___ LLLP
- ___ CORP
- ☒ Other Inc.
- ___ Other

OTHER FILINGS

- ___ Apostille
- Country

AMMENDMENTS

- ___ Amendment
- ___ Resignation of R.A. Officer/Director
- ___ Change of Registered Agent
- ___ Revocation of Dissolution
- ___ Merger
- ___ Articles of Conversion
- ___ Restated Articles of Incorporation
- ___ Statement of Authority

REGISTRATION/QUALIFICATIONS

- ___ Foreign Filing
- ___ Reinstatement
- ___ Qualification
- ___ Annual Report
- ___ Fictitious Name

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

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: AURA COFFEE BAR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1953 W CASS ST

TAMPA, FL 33606

Mailing address, if different is:

1953 W CASS ST

TAMPA, FL 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADAM AYOUB-PRESIDENT

Address 1953 W CASS ST

TAMPA, FL 33606

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL
STATE

FILED

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: ADAM AYOUB

Address: 1953 W CASS ST

TAMPA, FL 33606

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ADAM AYOUB

Address: 1953 W CASS ST

TAMPA, FL 33606

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Adam Ayoub

Adam Ayoub (May 30, 2024 14:26 EDT)

Required Signature/Registered Agent

30/05/24

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.

Adam Ayoub

Adam Ayoub (May 30, 2024 14:26 EDT)

Required Signature/Incorporator

30/05/24

Date

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TALLAHASSEE FL