

P95000016433
FILED

LIBRADA G. REY
1710 SW 98 CT
MIAMI, FL 33165

95 FEB 27 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
PO BOX 6327
TALLAHASSEE, FL 32314

100001416471
-02/27/95--01098--001
***122.50 ***122.50

DEAR SIR/MADAM

PLEASE ACCEPT THE ENCLOSED ARTICLES OF INCORPORATION FOR FILING.

ENCLOSED IS A CHECK FOR \$122.50 TO COVER THE FILING FEES AND FOR A
CERTIFIED COPY.

THANK YOU

MA
2-28-95

ARTICLES OF INCORPORATION **FILED**

For

AURORA BOREALIS TRADING CORP.

95 FEB 27 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AURORA BOREALIS TRADING CORP.

The principal place of business of this corporation shall be:

1710 SW 98 COURT MIAMI, FL 33165

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of corporation's existence or until their successor (s) is (are) elected, is (are):

**LIBRADA G. REY
PRESIDENT, SECRETARY
1710 SW 98 COURT
MIAMI, FL 33165**

ARTICLE VI INCORPORATOR(S)

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

**LIBRADA G. REY
PRESIDENT
1710 SW 98 COURT
MIAMI, FL 33165**

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this **6th** day of **FEBRUARY, 1995**

Signature (s) of Incorporator (s)

Librada Rey

**STATE OF FLORIDA
COUNTY OF DADE**

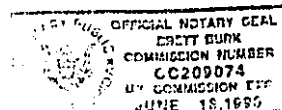
THE FOREGOING instrument was acknowledged and sworn to before me this **20th** day of **FEBRUARY, 1995** by **LIBRADA G. REY** of **AURORA BOREALIS TRADING CORP.**

Notary Public

[Signature]

My commission Expires:

June, 18 1996



CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 2007.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:
AURORA BOREALIS TRADING CORP.

2. The name and address of the registered agent and office is:
LIBRADA G. REY
PRESIDENT
1710 SW 98 COURT
MIAMI, FL 331205

SIGNATURE

Librada Rey

TITLE: **PRESIDENT**

DATE: **FEBRUARY 20th, 1995**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 2007.325 FLORIDA STATUTES.

SIGNATURE

Librada Rey

DATE: **FEBRUARY 20th, 1995**

FILED
95 FEB 27 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000016433**

1 Corporation Name

AURORA BOREALIS TRADING CORP.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

Principal Place of Business

1710 S.W. 98TH CT.
MIAMI FL 33165

Mailing Address

1710 S.W. 98TH CT.
MIAMI FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1995

5. FEI Number

65-0562664

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	REY, LIBRADA G	1710 S.W. 98TH CT.	MIAMI FL 33165

300002013623--7
-11/26/96--01024--010
****375.00 ****375.00

8. Name and Address of Current Registered Agent

REY, LIBRADA G
1710 S.W. 98TH CT.
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Librada Rey
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See note on side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Librada Rey
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-96

Date

Daytime Phone #