Florida Department of State

Division of Corporations
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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

INTERNATIONAL AUTISM CENTER, CORP.

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ARTICLES OF INCORPORATION **FOR**

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

Autism Centers, Carp.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

18495 S. Ditie Hwy #297 Miami 71 (33157)

ARTICLE III PURPOSE (S)

The specific purpose(s) for which the corporation is organized is (are):

Teativing and Rehab
Provide Housing, Jobs Couseling & Independence

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

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ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

Nancy Segama

18495 S. Di the Hay #297

Mismi 71 (33157)

ARTICLE VII DIRECTORS (must have the minimum of three directors): NAME AND ADDRESS

Provident Nancy Segama

Frensher Michelle Perez

Scaretory Toora Salamea



ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Article of Incorporator is:

Nary Segama 3779 SW B5th Ave M. 71 33175)

The undersigned incorporator has executed these Articles of Incorporation this Oday of Company, 2008

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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.

The name of the corporation is:

The name of the corporation is:

(must includes suffix)

The name and address of the registered agent and office is:

(name)

(P.O. Box or Mail Drop Box NOT Acceptable)

NA. a Discourse

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I Hereby accept the appointed as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

Date