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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Autism NATion4/ (Name of Corporation - m	Committee, Inc.
(Name of Corporation – in	ust metude suttix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Con Affairs in Florida", "Certificate of Existence", and check not for profit corporation to conduct its affairs in Florida	are submitted to register the above referenced
Please return all correspondence concerning this matter was the WADE Hitzing (Name of Per	
(Name of Per	rson)
Autism National (Firm/Compa	
1045 Withman (Address)	DR
FORT Myers, F	
For further information concerning this matter, please ca	ali:
(Name of Person) at (2)	rea Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
. W-	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 7, 2004

WADE HITZING AUTISM NATIONAL COMMITTEE, INC. 1045 WITTMAN DR FORT MYERS, FL 33919

SUBJECT: AUTISM NATIONAL COMMITTEE, INC.

Ref. Number: W04000013588

We have received your document for AUTISM NATIONAL COMMITTEE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6967.

Letter Number: 404A00022824

Michelle Hodges Document Specialist

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: Autism National Committee, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present, "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) Commonwealth of Massachusetts
(State or country under the law of which it is incorporated) (FEI number, if applicable) u pon qualification
(Date corporation) (Date corporation) (Date corporation) (Provided Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.) Drive Fort Myers,
(Principal office address) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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## A. DIRECTORS

Chairman:			<u> </u>		T + 7 1 1 1 1 1 1 1 1	·	
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NOTE: If necessor	yy, you may attach a	n addandum to the	annlication lie	stina addi:	– tional officers	and/or director	
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13(Sign	nature of Chairman	Vice Chairman, or a			nber 12 of the	application)	<u> </u>
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# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

William Francis Galvin Secretary of the Commonwealth

April 23, 2004

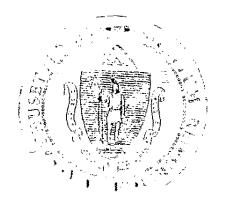
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

### AUTISM NATIONAL COMMITTEE, INC.

is a domestic corporation organized on November 15, 1991 (Chapter 180).

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth