# F14000003289

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

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SECRETARY OF STATE

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### **COVER LETTER**

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

**□** \$70.00 Filing Fee

□\$78.75 Filing Fee & Certificate of Status

SUBJECT: Autism Guide Incorporated		
Name of Corporation – must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.		
Please return all correspondence concerning this matter to the following:		
Lillie Dumas		
Name of Person		
Autism Guide Incorporated		
	irm/Company	
1124 Edith Drive		
	Address	
Daytona Beach, FL 32117		
City/State and Zip Code		
autismguides@gmail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Lillie Dumas	386 405-3168	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:		

□\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status &

Certified Copy

# 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;

Goorgia	ate corporate name adopted for the purpose of transacting business in Florida)	
Georgia  (State or country under the law of which it	is incorporated) (FEI number, if applicable)	
February 29, 2012	5. Perpetual	
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
None	NACC A	
(Date first conducted affairs in Florida if prior t	to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability	.)
7035 Merrywood Drive Fai		
	(Principal office address)	
7035 Merrywood Drive Fai	irburn, Georgia 30213	
**************************************	(Current mailing address)	
(Purpose(s) of corporation authorized in hom  Name and street address of Florida regis	stered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Lillie Dumas		
Name: Lillie Dumas  Office Address: 1124 Edith Drive	·	
1121 Edith Daire	, Florida 32117	

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.

(Registered agent's signature)

APPROVEL AND FILED

#### 12. Names and addresses of officers and/or directors

A. DIRECTORS	14 AUG -4 PM 2:56
Chairman: Dora Dumas	SECRETARY OF STATE
Address: 7035 Merrywood Drive	TALLAHASSEE, ELORIDA
Fairburn, Georgia 30213	
Vice Chairman: Lillie Dumas	
Address: 1124 Edith Drive	
Daytona Beach, Florida 32117	
Director: Debra Dumas	
Address: 545 Madison Ave	
Daytona Beach, Florida 32114	
Director: n/a	
Address: n/a	
B. OFFICERS	
President:	
Address: n/a	
Vice President: n/a	
Address: n/	
Secretary: Debra Dumas	
Address: 545 Madison Ave Daytona Beach, Florida 32114	1
Treasurer: Lillie Dumas	
Address: 1124 Edith Drive Daytona Beach, Florida 32114	
NOTE: If necessary, you may attach an addendum to the application listing add  13	
Lillie Dumas, Vice-Chairman	er 12 of the application)
/Typed or printed name and canacity of person signing	annlication)

## STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER DATE INC/AUTH/FILED: February 29, 2012

: 12018400 : Georgia

JURISDICTION PRINT DATE

: July 30, 2014

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### AUTISM GUIDE, INC A Domestic Non-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

Tracking #: nvng5WnJ