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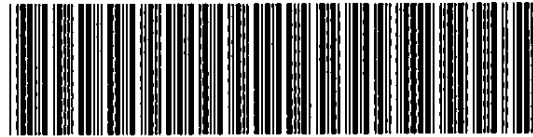
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DIVISION OF CORPORATIONS

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JUL 23 2013  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Autism Navigator, LLC  
Name of Limited Liability Company

Enclosed are the following documents and fee(s), which are submitted for filing.  
Articles of Organization  
Certificate of Designation of Registered Agent/Registered Office

Please return all correspondence concerning this matter to the following:

Davisson F. Dunlap, Jr.  
Dunlap & Shipman, P.A.  
2065 Thomasville Road, Suite 102  
Tallahassee, FL 32308  
E-mail: dave@dunlapshipman.com; dottedm@dunlapshipman.com

For further information concerning this matter, please call:

Davisson F. Dunlap, Jr., 850-385-5000

**Enclosed is a check for the following amount:**

- ☐ \$125 Filing Fee      ☐ \$130 Filing Fee & Certificate of Status      ☒ \$150 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION  
OF  
AUTISM NAVIGATOR, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the “Florida Limited Liability Company Act”), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

**1. NAME.**

The name of the Limited Liability Company is Autism Navigator, LLC, (hereinafter referred to as the “Company”).

**2. PERIOD OF DURATION.**

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

**3. PURPOSE.**

The purpose for which the Company is organized is to purchase, own, sell, mortgage, and do everything incidental or necessary relating to real property and personal property, including farming, timber farming, development, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

**4. PRINCIPAL GOAL.**

The organizing Members are members of the faculty at Florida State University. They have conducted research and overseen the development of programs related to the study,

13 JUL 23 PM 4:45  
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diagnosis, and treatment of autism. They have developed the Autism Navigator® collection of tools and courses. Autism Navigator, LLC, is dedicated to using extensive video footage to bridge the gap between science and community practice. The principal mission of the company will be to promote community-based research related to autism, to maximize the use of innovative video and information technology, and to provide information, education, and tools to increase the capacity of professionals and families to improve outcomes of individual with autism spectrum disorder.

**5. ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: 3739 Bobbin Book Way, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

**5. REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: Davisson F. Dunlap, Jr., and the initial registered office is located at Dunlap & Shipman, P.A., 2065 Thomasville Road, Suite 102, Tallahassee, Florida 32308.

**7. INITIAL CAPITAL CONTRIBUTIONS.**

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: \$125 in cash.

**8. ADDITIONAL CONTRIBUTIONS.**

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional

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contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

**9. MEMBERS; ADMISSION OF NEW MEMBERS.**

The Company shall have at least two members (the "Members"). New Members may be admitted in the manner provided in the Operating Agreement. Initial Members are Amy Wetherby and Juliann J. Woods.

**10. CONTINUITY OF BUSINESS.**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

**11. MANAGEMENT.**

The management of the Company shall be reserved to the Members. In the event of the death of a Manager, the remaining Manager(s) shall serve until the next meeting of the Members and until a successor (if any is elected) for the deceased Manager is qualified. The names and addresses of the Members who are to serve as the managing Members (the "Managers") until the first annual meeting of Members or until their successors are duly elected and qualified are as follows:

Amy Wetherby  
3739 Bobbin Book Way  
Tallahassee, Florida 32312

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12. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Tallahassee, Florida, on this 23<sup>rd</sup> day of July, 2013.

Amy M. Wetherly  
Member

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of July, 2013, by Amy M. Wetherly, as a Member of Autism Navigator, LLC, on behalf of the limited liability company. He/she is personally known to me or who has produced Florida Driver's License as identification.

Dorothy B. McKenzie  
Notary Public

Print, type or stamp name, commission  
no. and expiration date:



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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, 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 company is: **Autism Navigator, LLC**
2. The name and address of the registered agent and office is:

Davisson F. Dunlap, Jr.  
Dunlap & Shipman, P.A.  
2065 Thomasville Road, Suite 102  
Tallahassee, FL 32308

Amy M. Wetterby  
Signature

Amy M Wetterby  
Printed name

Managing Member  
Title

7/23/13  
Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 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.

Davisson F. Dunlap, Jr.  
Signature

7/23/13  
Date

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