Florida Department of State

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Division of Corporations

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From:

: EMPIRE CORPORATE KIT COMPANY . Account Name

Account Number: 072450003255 Phone : (305) 634-3694 Fax Number : (305)633-9696

FLORIDA NON-PROFIT CORPORATION

HOPE FOR AUTISTIC CHILDREN FOUNDATION, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION OF HOPE FOR AUTISTIC CHILDREN FOUNDATION, INC.

The undersigned subscriber(s) of these Articles of Incorporation, each natural person(s) competent to contract, hereby associate themselves to form a corporation under the laws of the State of Florida.

ARTICLE L NAME

The name of this corporation is:

HOPE FOR AUTISTIC CHILDREN FOUNDATION, INC.

ARTICLE II. NATURE OF PURPOSES

The general nature of the purpose of the Foundation is to help children with autistic problems.

And, in general, to carry on any other business whatsoever in connection with the foregoing or which is calculated, directly or indirectly, to promote the interest of the corporation.

And, any other lawful purposes authorized by the laws of the State of Florida or the United States of America.

ARTICLE III. TERM OF EXISTENCE

This Corporation shall have perpetual existence unless otherwise terminated as provided by law or the bylaws.

Manuel F. Fente, Esq. 1110 Brickell Avenue, Seventh Floor Miami, Florida 33131 Florida Bar No: 234737 O1 JUN II PH 1: 47

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ARTICLE IV. ADDRESS

The initial post office address of the principal office of this corporation in the State of Florida is: 8020 N.W. 166 Street
Miami Lakes, Florida 33016

The Board of Directors may from time to time move the principal office to any other address in the State of Florida and establish branches and subsidiaries in any place within and without the United States.

<u>ARTICLE V.</u> <u>DIRECTOR(S)</u>

The number of Directors maybe increased or diminished from time to time by the laws adopted by the members, but shall never be less than three (3).

ARTICLE VI. INITIAL BOARD OF DIRECTORS

The name and post office address of the member(s) of the first Board of Directors, who subject to the provisions of the Certificate of Incorporation, the By-laws and the Corporation law of the State of Florida, shall hold office for the first year of the corporation's existence, or until his/their successors are elected and have qualified, are:

<u>Name</u>	<u>Address</u>
Marianela Alvarez	8020 N.W. 166 Street Miami Lakes, Florida 33016
Pedro Alvarez	8020 N.W. 166 Street Miami Lakes, Florida 33016
Alcyda M. Borge	8020 N.W. 166 Street Miami Lakes, Florida 33016
Diana Martinez	8020 N.W. 166 Street Miami Lakes, Florida 33016

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ARTICLE VII. SUBSCRIBERS

The name(s) and post office address(es) of each incorporator of these Articles of Incorporation:

<u>Name</u>

Address

Marianela Alvarez

8020 N.W. 166 Street

Miami Lakes, Florida 33016

ARTICLE VIII. AMENDMENT

These Articles of Incorporation maybe amended in the manner provided by law. Every Amendment shall be approved by the Board of Director(s), at a meeting, by majority of the directors entitled to vote thereon.

ARTICLE IX. DESIGNATION OF REGISTERED RESIDENT AGENT

That, Manuel F. Fente, Esq., 1110 Brickell Avenue, Seventh Floor, Miami, Florida 33131, is hereby named registered resident agent for this corporation to be its agent and to accept service of process within the State of Florida at this registered office.

I, THE UNDERSIGNED, being the only original incorporator herein above named for the work
purpose of forming a corporation for profit to do business both within and without the State of
Florida, do hereby make, subscribe, acknowledge and file this Certificate, hereby declaring and
certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal
this ______ day of ________, 2001.

MARIANELA ALVAREZ

-III-

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ACKNOWLEDGMENT

Having been named to accept service of process for HOPE FOR AUTISTIC CHILDREN FOUNDATION, INC., the place designated in this Article, I hereby accept to act in this capacity and agree to comply with the provisions of said act relative to keeping open said office.

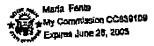
Registered Agent

STATE OF FLORIDA COUNTY OF DADE

I HEREBY CERTIFY, that on this day before me, a Notary Public, duly authorized to administer ouths and take acknowledgments, personally appear MARIANELA ALVAREZ, to me known to be the person(s) described as subscriber and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/they subscribed to those Articles of Incorporation,

WITNESS, our hand and scal in the County and State named above, this _

COMMISSION EXPIRES:



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<u>-IV-</u>