

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

N020000001752

Autism Society of Miami-Dade
County, Inc

FILED

02 MAR 12 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700005096677--2

-03/12/02--01039--002

*****70.00 *****70.00

RECEIVED
02 MAR 12 AM 10:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: SW

Name _____

Date 3/12

Time _____

Walk-In _____

Will Pick Up _____

AUTISM SOCIETY OF MIAMI-DADE COUNTY, INC.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

Article I - NAME

The name of the corporation shall be: Autism Society of Miami-Dade County, Inc.

Article II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: P.O. Box 831405, Miami, Florida 33280, (305)232-2806

Article III - PURPOSE

The purpose for which the corporation is organized is:

- A. To promote and advocate for the general welfare of persons with autism;
- B. To further the advancement of all ameliorative and preventative study, research, therapy, care and cure of persons with autism;
- C. To develop a better understanding of the problems of persons with autism by the public in the chapter area;
- D. To promote the education and training of persons with autism and to foster the development of the integrated care on their behalf;
- E. To promote the establishment of adequate diagnostic, therapeutic, educational and recreational facilities for persons with autism;
- F. To further the education and training of parents and professional personnel for training, educating, and carrying for persons with autism;
- G. To serve as a clearinghouse for gathering and disseminating information regarding persons with autism;
- H. To solicit and receive funds for the accomplishment of the above purpose.

Article IV - MANNER OF ELECTION

The manner in which the Directors are elected or appointed are as set forth in Article VII of the Bylaws of the corporation.

FILED
02 MAR 12 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V - INITIAL DIRECTOR/OFFICERS

The names, addresses and titles of the initial Directors and Officers are as follows:

1. President
Robert De Maria
10720 S.W. 146th Place
Miami, Florida 33186
(305) 385-6643
2. Vice President
Paul Draper
8600 S.W. 212th Street
Apartment 108
Miami, Florida 33189
(305) 234-9421
3. Recording Secretary
Lourdes De Dios
2820 S.W. 97th Place
Miami, Florida 33165
(305) 551-3790
4. Corresponding Secretary
Rene Vega
13351 S.W. 83rd Avenue
Pinecrest, Florida 33156
(305) 259-5964
5. Treasurer
Louisa Lopez-Mowrer
6220 S.W. 135th Avenue
Miami, Florida 33183
(305) 408-7584

Article VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the Registered Agent is Norman M. Waas, Esquire, 113 Almeria Avenue, Coral Gables, Florida 33134.

Article VII - INCORPORATOR

The name and address of the Incorporator is: Robert De Maria, 10720 S.W. 146th Place, Miami, Florida 33186.

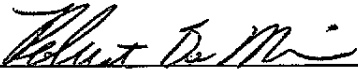
Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as Registered Agent and agree to act in this capacity.



Signature/Registered Agent

3/7/02

Date



Signature/Incorporator

3/7/02

Date

FILED
02 MAR 12 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA