

NO7000003774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

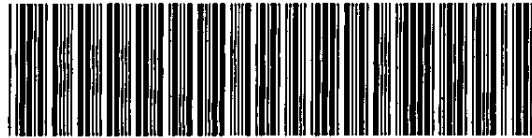
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
4/13

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Autism Center of Lakeland Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Tony Persichetti  
Name (Printed or typed)

335 Howardly Blvd  
Address

Auburndale FL 33823  
City, State & Zip

863-965-1161  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

AUTISM CENTER OF LAKELAND, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

2161 E COUNTY ROAD 540A # 126  
LAKELAND FL 33813

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SEE ATTACHED

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

APPOINTED BY THE PRESIDENT AND VICE PRESIDENT

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

WILLIAM J SHORT (PRES)	CLARE A SHORT ( VICE PRES)
4820 KIMBALL COURT W	4820 KIMBALL COURT W
LAKELAND FL 33813	LAKELAND FL 33813

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

WILLIAM J SHORT  
2161 E COUNTY ROAD 540A  
LAKELAND FL 33813

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TONY PERSICHETTI  
335 HAVENDALE BLVD  
AUBURNDAL FL 33823

\*\*\*\*\*

*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.*

William J. Short  
Signature/Registered Agent

4-9-2007  
Date

Tony Persichetti  
Signature/Incorporator

4/9/2007  
Date

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TALLAHASSEE, FLORIDA

### Article III Purpose

The Autism Center Of Lakeland INC. is exclusively used for charitable organization to make a positive difference in the lives of children and families afflicted with Autism, providing aid and funding to be determined by the specific needs of each individual, and to assist each child in achieving their highest potential in speech, social skills, independent care and becoming self sufficient individuals. To meet the standards of 501©(3) the net earnings will never be used to benefit the board of directors. Upon the dissolution of the organization, assets shall be distributed to one or more exempt purposes within the meaning of section 501(c)(3) of the internal revenue code, or corresponding section of any future tax code or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

*William J. Short*