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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

aca autism center of art inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

ACA AUTISM CENTER OF ART INC.

2008 MAY 29 A 11: 54

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2239 FLUORSHIRE DR.  
BRANDON, FL 33611

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SERVE AND PROVIDE SERVICES TO AUTISM CHILDREN, TEENAGERS AND ADULTS

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

IS PROVIDED FOR IN THE BYLAWS OF THE CORPORATION

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

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

1. MARITA BERNAL, 2239 FLUORSHIRE DR., BRANDON, FL 33611
2. CLAUDIA CORREDOR, 2239 FLUORSHIRE DR., BRANDON, FL 33511
3. TATIANA WHITE, 4898 MARSH FIELD RD, SARASOTA, FL 34235

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

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

MARITA BERNAL  
2239 FLUORSHIRE DR.  
BRANDON, FL 33611

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARITA BERNAL  
2239 FLUORSHIRE DR.  
BRANDON, FL 33511

\*\*\*\*\*

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.

*Marita Bernal*  
Signature Registered Agent

5-29-08  
Date

*Marita Bernal*  
Signature Incorporator

5-29-08  
Date

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