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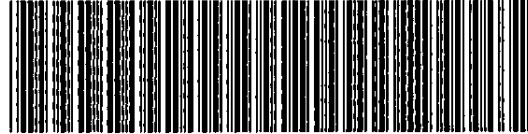
(Business Entity Name)

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2011 JUN 22 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 23 2011

COVER LETTER

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

SUBJECT: SPECIAL NEEDS CHILDREN'S FUND, 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: MICHAEL KRAUS
Name (Printed or typed)

400 5TH AVE SOUTH, SUITE 200
Address

NAPLES, FL 34102
City, State & Zip

239-262-1979
Daytime Telephone number

patti.byers@bankfirstamerican.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

SPECIAL NEEDS CHILDREN'S FUND, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

14591 INDIGO LAKE CIRCLE

NAPLES, FL 34119

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said corporation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As provided for in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALTER SCHACHT, DIRECTOR

Address: 4040 GULF SHORE BLVD. NORTH

NAPLES, FL 34103

Name and Title: _____

Address: _____

Name and Title: PATRICIA BYERS, DIRECTOR

Address: 14591 INDIGO LAKE CIRCLE

NAPLES, FL 34119

Name and Title: _____

Address: _____

Name and Title: KIM PEMBERTON, DIRECTOR

Address: 204 SILVERADO DRIVE

NAPLES, FL 34119

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PATRICIA BYERS

Address: 14591 INDIGO LAKE CIRCLE

NAPLES, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL KRAUS

Address: 400 FIFTH AVENUE SOUTH

SUITE 200

NAPLES, FL 34102

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

Patricia Byers

Required Signature of Registered Agent

June 20, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Kraus

Required Signature of Incorporator

June 20, 2011

Date

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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SPECIAL NEEDS CHILDREN'S FUND, INC.

ARTICLE VIII DISSOLUTION OF ASSETS

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal 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 so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation 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.

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