

N12000005107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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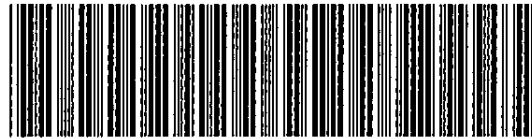
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
5/22/12

## COVER LETTER

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

SUBJECT: Autism Angel Network, 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: Renee Chillcott  
Name (Printed or typed)

7301 W. Palmetto Plk Rd., Suite  
Address 102 A

Boca Raton, FL 33433  
City, State & Zip

561-313-3097  
Daytime Telephone number

reneechillcott@gmail.com  
E-mail address: (to be used for future annual report notification)

**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 Angel Network, Inc.

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## ARTICLE II PRINCIPAL OFFICE

Principal street address

7301 W. Palmetto Pk Rd.  
Suite 102A  
Boca Raton, FL 33433

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MAILING ADDRESS, IF DIFFERENT  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide assistance to Families with children that suffer from Autism/Asperger's Syndrome.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors volunteered and were approved by the President

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renee Chilcott, President  
Address: 7301 W. Palmetto Pk Rd.  
Suite 102A  
Boca Raton, FL 33433

Name and Title: Robyn Moneck, Vice-President  
Address: 7301 W. Palmetto Pk Rd.  
Suite 102A  
Boca Raton, FL 33433

Name and Title: Renee Chilcott, Treasurer  
Address: 7301 W. Palmetto Pk Rd.  
Suite 102A  
Boca Raton, FL 33433

Name and Title: Jenna Davis, Secretary  
Address: 7301 W. Palmetto Pk Rd.  
Suite 102A  
Boca Raton, FL 33433

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Renee Chilcott  
Address: 7301 W. Palmetto Pk Rd.  
Suite 102A  
Boca Raton, FL 33433

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TALLAHASSEE, FLORIDA

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Renee Chilcott  
Address: 7301 W. Palmetto Pk Rd.  
Suite 102A  
Boca Raton, FL 33433

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

Renee Chilcott

Required Signature of Registered Agent

5/9/12  
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.

Renee Chilcott

Required Signature of Incorporator

5/9/12  
Date