

ND 0000005808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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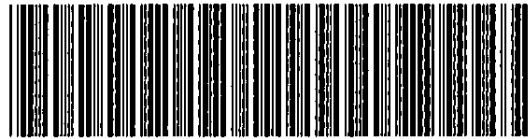
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: AUTISM SOCIETY OF AMERICA PALM BEACH
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
MARTIN COUNTY, INC.

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:

Terri Neil

Name (Printed or typed)

4195 CAYA LANE

Address

JUPITER, FL 33458

City, State & Zip

561-628-2538

Daytime Telephone number

terri@terriopr.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 SOCIETY OF AMERICA
PAIM BEACH MARTIN COUNTY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4195 MAYA CAY LANE
JUPITER, FL
33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO FURTHER THE GOALS OF THE NATIONAL ORGANIZATION,
ASA. TO SERVE AS THE LEADING VOICE & RESOURCE OF
THE LOCAL AUTISM COMMUNITY.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By NOMINATIONS COMMITTEE & BOARD ELEGTS BY UNANIMOUS
vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TERRI NEIL / PRESIDENT
Address: 4195 MAYA CAY LANE
JUPITER, FL 33458

Name and Title: VICKI SILVER / TREAS.
Address: 805 KANADU PL
JUPITER, FL
33477

Name and Title: ELIZABETH COHEN / VP
Address: 9857 PIONEER RD.
WEST PALM BEACH, FL
33411

Name and Title: KRISTIN WINTERHALTER
Address: OFFICER AT LARGE
3591 NW TREASURE
COAST DR. #201
JENSEN BEACH, FL

Name and Title: CAITLIN BELDER / SECRETARY
Address: 17657 123rd TERN
JUPITER, FL
33478

Name and Title: _____
Address: _____
334957

ARTICLE VI REGISTERED AGENT

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

Name: TERRI NEIL
Address: 4195 MAYA CAY LANE
JUPITER, FL
33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERRI NEIL
Address: 4195 MAYA CAY LANE
JUPITER, FL
33458

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

TERRI NEIL
Required Signature of Registered Agent

9/10/12
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.

TERRI NEIL
Required Signature of Incorporator

9/10/12
Date

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