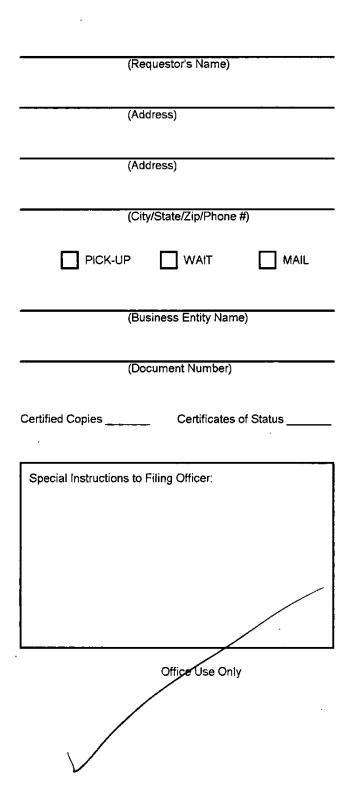
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> 13 JAN 28 PM 4: 05 SECRETARY OF STATE TALLAMASSEE STATE

T. Burch JAN 28 2013.

## COVER LETTER

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

SUBJECT: FAMILY AUTISM NETWORK OF FLORIDA, /NC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$78.75 \$70.00 Filing Fee Filing Fee &

Certificate of Status

Filing Fee & Certified Copy \$87.50 Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

/230 NW 144 AVENUE Address

PEMBRAKE PINES, FLORIDA 33028 City, State & Zip

954-895-7999

Daytime Telephone number

arnwinetimothy 30 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	II PRINCIPAL OFFICE		_
	Principal street address:		Mailing address, if different is 2
/-	230 NW 144 AVENUE		· 图 <b>基</b>
P	EMBROKE PINES, FLORIDA		TARY ASSIT
	33028		297 S. C.
ARTICLE	III PURPOSE ;		05 05
The purpose	for which the corporation is organized is:	SHARE 1	UFORMATION, RESOURCES AND BRING
FAMILIE	es tokether through soc	TAL ACTIV	ITIES AND SHALLD EXPERIENCES
Our 6	DAL IS TO IMPROVE THE	LIVES OF 7	THE ENTINE FAMILY, AFFECTED
BY A			
70 , ,			
	IV MANNER OF ELECTION The m	anner in which th	e directors are elected and appointed: THE INITIAL SIM
CONEIST .	or the Founding Membells of T	WE ORGANIT	e directors are elected and appointed: THE INITIAL DIR
CONEIST .	IV MANNER OF ELECTION The m  OF THE FOUNDING MEMBERS OF T  D AND APPOINTED BY THE EXIT	WE ORGANIT	LATION. SUBSEQUENT BOARD HEMBERS
confist Electe	or the Founding Membells of T	WE ORGANT	LATION. SUBSEQUENT BOARD HEMBERS
CONSIST ELECTEI ARTICLE	OF THE FOUNDING MEMBERS OF T D AND APPOINTED BY THE EXI V INITIAL OFFICERS AND/OR DI	TING BOARECTORS	EDITION. SUBSEQUENT BOARD HEMBERS NO.  SEBREN J. HCNALLY / VICE PRESIDENT
CONSIST CLECTE ARTICLE Name and T	OF THE FOUNDING MEMBERS OF T D AND APPOINTED BY THE EXI V INITIAL OFFICERS AND/OR DI	TING BOARECTORS	LATION. SUBSEQUENT BOARD HEMBERS NO.
CONSIST CLECTE ARTICLE Name and T	OF THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXT  V INITIAL OFFICERS AND/OR DI  itle: TIMOTHY ARNUME   PRESIDENT	Name and Title  Address:	EDITION. SUBSEQUENT BOARD HEMBERS NO.  SEBREN J. HCNALLY / VICE PRESIDENT
CONSIST CLECTE ARTICLE Name and T	OF THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXT  V INITIAL OFFICERS AND/OR DI  itle: TIMOTHY ARNUME   PRESIDENT  1230 NW 144 AVENUE	Name and Title  Address:	EDITION. SUBSEQUENT BOARD HEMBERS  EDITOR J. HCNALLY / VICE PRESIDENT  560 CASCADE FALLS DRIVE
CONSIST OF	DE THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXIT  V INITIAL OFFICERS AND/OR DI  ITIE: TIMOTHY ARNOINE / PRESIDENT  1230 NW 144 AVENUE  PEMBROKE PINES, FLOMOA  33028	Name and Title Address:	ESTON, FLOMOR  33327-1210
CONSIST OF	DE THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXIT  V INITIAL OFFICERS AND/OR DI  itle: //MOTHY AND/OR / PRESIDENT  /230 NW 144 AVENUE  /EMBROKE PINES, FLOMOA  33028  itle: KELLY BUSCH / BOARDHEMBER	Name and Title	EMPON. SUBSEQUENT BOARD HEMBERS  DESTON, FLORIDA  33327-1210  BROWE MAKEER / BURNEHER  1230 SW 65 AUENUE
CONSIST OF	DE THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXIT  V INITIAL OFFICERS AND/OR DI  ITIE: TIMOTHY ARNOINE / PRESIDENT  1230 NW 144 AVENUE  PEMBROKE PINES, FLOMOA  33028	Name and Title	ESTON, FLORIDA  BROWE MAKER / BRANDHENSER  BROWE MAKER / BRANDHENSER
CONSIST OF	DE THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXT  V INITIAL OFFICERS AND/OR DI  ITIE: //MOTHY ARNOINE / PRESIDENT  /230 NW 144 AVENUE  /EMBROKE PINES, FLOMOR  33028  ITIE: KELLY BUSCH / BOARDHEMBER  /284 WATERVIEW COURT	Name and Title	EMPON. SUBSEQUENT BOARD HEMBERS  DESTON, FLORIDA  33327-1210  BROWE MAKEER / BURNEHER  1230 SW 65 AUENUE
CONSIST OF	DE THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXIT INITIAL OFFICERS AND/OR DI  ITIE: TIMOTHY ANNUME PRESIDENT  1230 NW 144 AVENUE  PEMBROKE PINES, FLOMOR  33028  ITIE: KELLY BUSCH BOARDHEMBER  1284 WATERVIEW COURT  WESTON, FLORIDA	Name and Title Address:  Name and Title Address:	ESTON. SUBSEQUENT BOARD HEMBERS  ESTON T. HCNALLY / VICE PRESIDENT  560 CASCADE FALLS DRIVE  WESTON, FLORIDA  33327-1210  BROWE MANIER / BOARDHENBER  1230 SW 65 AUENUE  PLONTATION, FLORIDA  33317
CONSIST CLECTES  ARTICLE  Name and T  Address  Vame and T	DE THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXT  V INITIAL OFFICERS AND/OR DI  ITIE: //MOTHY ARNOINE / PRESIDENT  /230 NW 144 AVENUE  SEMBROKE PINES, FLOMOR  33028  ITIE: KELLY BUSCH / BOARDHEMBER  /284 WATERVIEW COURT  WESTON, FLORIDA  33326  ITIE: STREEY HORGLUND  5505 SW 119 AVENUE	Name and Title Address:  Name and Title Address:	ESTON. SUBSEQUENT BOARD HEMBERS  ESTON T. HCNALLY / VICE PRESIDENT  560 CASCADE FALLS DRIVE  WESTON, FLORIDA  33327-1210  BROWE MANIER / BOARDHENBER  1230 SW 65 AUENUE  PLONTATION, FLORIDA  33317
ARTICLE  Name and T  Address  Name and T  Address	DE THE FOUNDING MEMBERS OF TO AND APPOINTED BY THE EXT  V INITIAL OFFICERS AND/OR DI  ITIE: //MOTHY ARNWINE / PRESIDENT  /230 NW 144 AVENUE  SEMBROKE PINES, FLOMOR  33028  ITIE: KELLY BUSCH / BURRAHEMBER  /284 WATERVIEW COURT  WESTON, FLORIDA  33326  ITIE: STREEY HORGLUND	Name and Title Address:  Name and Title Address:	ESTON. SUBSEQUENT BOARD HEMBERS  ESTON T. HCNALLY / VICE PRESIDENT  560 CASCADE FALLS DRIVE  WESTON, FLORIDA  33327-1210  BROWE MANIER / BOARDHENBER  1230 SW 65 AUENUE  PLONTATION, FLORIDA  33317

ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  N			•	
Name and Title:  Address:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  Address:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  Address:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  Address:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  Address:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  Address:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  ARTICLE VII INCORPORATOR  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  ARTICLE VII INCORPORATOR  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  ARTICLE VII INCORPORATOR  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  ARTICLE VII INCORPORATOR  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  ARTICLE VII INCORPORATOR  The name and Address (P.O. Box NOT acceptable) of the registered agent is:  ARTICLE VII	Name and Title:	Name and Title:	manufor was transferred and transferred designations.	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NA	Address	Address:		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NA			<u> </u>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NA	Name and Title	Name and Title:	<del></del>	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  N				
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NANCY CHINA  Address:  /230 NW 144 NVE  /**LIMANK FINES, FLORIDA 33024  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  //*NAME INSTAN M. ARNWING  Address:  /230 NW /44 AVE.  //*LIMANK FINES, F2. 33528  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  //22//3  Required Signature of Registered Agent  I submit this document and affirm that the facty stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a literal regrey from as provided for in s.817.155, F.S.	Address	Address:		
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NANCY CHINA  Address:  /230 NW 144 NVE  /**LIMANK FINES, FLORIDA 33024  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  //*NAME INSTAN M. ARNWING  Address:  /230 NW /44 AVE.  //*LIMANK FINES, F2. 33528  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  //22//3  Required Signature of Registered Agent  I submit this document and affirm that the facty stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a literal regrey from as provided for in s.817.155, F.S.		<del></del>	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: VANCY CHIANT  Address: /235 NW 144 NVC  LIMBAKE LINES, FLORIDA 33624  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: /why M. ARNWING  Address: /250 NW 144 NVC.  Landrage In ARNWING  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:  1/22/13  Required Signature of Registered Agent  I submit this document and affirm that the facty stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third segregation, as provided for in s.817.155, F.S.				
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: NANCY CHIAN +  Address: 1236 NW 144 NVE  LIMBAKI PINES, FLONDA 33628  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name: IMPACH M. ARNWINC  Address: 230 NW 144 AVE.  Sandard Pines, FL. 335W  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:  1/22/13  Required Signature of Registered Agent  I submit this document and affirm that the facty stated afterein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third serreg Flony as provided for in s.817.155, F.S.	_		A SE	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: WANCY CHIAN —  Address: /230 NW 144 NVE  ENGLAKE PINES, FLORIDA 33028  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name: /MISTLY M. ARNWINC  Address: /230 NW 144 AVE.  Floridate fines, FL. 33528  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  1/22/13  Required Signature of Registered Agent  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 flory as provided for in s.817.155, F.S.			1A)	=
Name: NANCY CHIANT  Address: /236 NW 144 NVE  LEMENKE PINES, FLORIDA 33624  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: /metyl M. Arnwinc  Address: /230 NW 144 AVE.  Fairmore fines, Fl. 33528  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    1/22/13     Required Signature of Registered Agent   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 tegres from as provided for in s.817.155, F.S.			∴. <sub>1</sub> <	ļ <u> </u>
ARTICLE VII INCORPORATOR The name and address of the incorporator is:  Name:    Manual   Manu				<u>ن</u>
ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:    ARNWING     ARNWING     Address:   ARNWING     ARNWING	Name:	NANCY CHIMA	· ••• <u>-</u>	
ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:    ARNWING     ARNWING     Address:   ARNWING     ARNWING	Address:	1238 NW 149 AVE	7 <del> (∬</del>	
The name and address of the Incorporator is:  Name:    Master M. Arwin C.     Address:   230 NW 144 Ave.     Buildrate fine 5, Fe. 335 W.     Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.    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 segree from as provided for in s.817.155, F.S.		PEMBLOKE PINES, FLORIDA 33824		
The name and address of the Incorporator is:  Name:    MARNION C     Address:   Address:   ARNION C     Address:   ARNION C     Buildraft fire 5, Fl. 33528     Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    I   I   I     I   I   I     I   I				
Name:   MARNING   Address:   ABONING				
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.				
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.	Name:	(2m ) (414 mg		
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.	Address:	JOSONIO 199 AVE.		
Required Signature of Registered Agent  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 gelony as provided for in \$.817.155, F.S.		PEMBROKE FINES, FL. 33528	·	
Required Signature of Registered Agent  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 gelony as provided for in \$.817.155, F.S.	Ffactor have see	and an application about to present comics of process for the about stated comparation.	at the ware decionated	l in thic
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to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		Required Signature of Registered Agent		
to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	I submit this docu		ation submitted in a do	<del>.</del> cument
1/22/13	to the Departmen	t of State constitutes a third degree stions as provided for in s.817.155, F.S.		
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Required Signature of Incorporator Date		Required Signature of Incorporator	Date	

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