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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, 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:

TIMOTHY ARNWINE

Name (Printed or typed)

1230 NW 144 AVENUE

Address

PEMBROKE PINES, FLORIDA 33028

City, State & Zip

954-895-7999

Daytime Telephone number

arnwinetimothy3@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: FAMILY AUTISM NETWORK OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1230 NW 144 AVENUE
PEMBROKE PINES, FLORIDA
33028

Mailing address, if different is

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TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SHARE INFORMATION, RESOURCES AND BRING
FAMILIES TOGETHER THROUGH SOCIAL ACTIVITIES AND SHARED EXPERIENCES.
OUR GOAL IS TO IMPROVE THE LIVES OF THE ENTIRE FAMILY, AFFECTED
BY ASD.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: THE INITIAL DIRECTORS
WILL CONSIST OF THE FOUNDING MEMBERS OF THE ORGANIZATION. SUBSEQUENT BOARD MEMBERS WILL
BE ELECTED AND APPOINTED BY THE EXISTING BOARD.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY ARNwine / PRESIDENT
Address: 1230 NW 144 AVENUE
PEMBROKE PINES, FLORIDA
33028

Name and Title: BRYAN J. McNALLY / VICE PRESIDENT
Address: 560 CASCADE FALLS DRIVE
WESTON, FLORIDA
33327-1210

Name and Title: KELLY BUSCH / BOARD MEMBER
Address: 1284 WATERVIEW COURT
WESTON, FLORIDA
33326

Name and Title: BROOKE MANIER / BOARD MEMBER
Address: 1230 SW 65 AVENUE
PLANTATION, FLORIDA
33317

Name and Title: STACEY HOAGLUND
Address: 5505 SW 119 AVENUE
COOPER CITY, FLORIDA
33330

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NANCY CHANT

Address: 1230 NW 144 AVE
PEMBROKE PINES, FLORIDA 33028

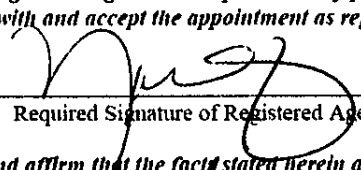
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS M. ARNWINC

Address: 1230 NW 144 AVE.
PEMBROKE PINES, FL. 33028

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



Required Signature of Registered Agent

1/22/13

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.



Required Signature of Incorporator

1/22/13

Date

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