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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

π 09/11/14

COVER LETTER

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

SUBJECT: **Firefighters for Autism Awareness, 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: **Sean Castro**
Name (Printed or typed)

2805 Falling Tree Circle
Address

Orlando, FL 32837
City, State & Zip

(808) 753-0222
Daytime Telephone number

nui@autismburns.org
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: Firefighters for Autism Awareness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2805 Falling Tree Circle
Orlando, FL 32837

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: See attachment

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean K. Castro - President
Address: 2805 Falling Tree Circle
Orlando, FL 32837

Name and Title:

Address:

Name and Title: Ryan McConaughy - Treasurer
Address: 66 Seawinds Circle
Ponce Inlet, FL 32127

Name and Title:

Address:

Name and Title: Joseph Sonognini - Secretary
Address: 1344 Humuula St.
Kailua, HI 96734

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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: Sean Castro
Address: 2805 Falling Tree Circle
Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sean Castro
Address: 2805 Falling Tree Circle
Orlando, FL 32837

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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

Sean K. Castro
Required Signature of Registered Agent

Sep 2, 2014
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.

Sean K. Castro
Required Signature of Incorporator

Sep 2, 2014
Date

CHARITABLE PURPOSES CLAUSE

This organization is organized exclusively for educational and charitable purposes within the meaning of Section 501(c)3 of the Internal Revenue Code. Notwithstanding any other provision of these articles, this organization shall not carry on any other activities not permitted to be carried on a) by another organization exempt from Federal income tax section 501(c)3 of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Revenue Law) or b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Revenue Law).

DISSOLUTION CLAUSE

Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for educational and charitable purposes and which has established its tax exempt status under section 501(c)3 of the Internal Revenue Code.

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