

N 15 000006746

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

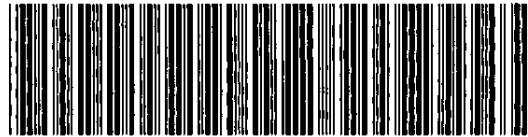
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05/04/15--01045--027 **78.75

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15 JUL -9 PM 2:45
SECURITY OF STATE
ALBANY, NY 12224

7/14/15

COVER LETTER

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

SUBJECT: Coalicion Nacional de Autismo 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: Carlos Hernandez

Name (Printed or typed)

11251 Spinning Reel Cir

Address

Orlando FL

City, State & Zip

407-375-8108

Daytime Telephone number

coalicionnacionaldeautismo@gmail.com

E-mail address: (to be used for future annual report notification)

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15 JUL -9 PM 2:45

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2015

CARLOS HERNANDEZ
11251 SPINNING REEL CIR
ORLANDO, FL 32825

RECEIVED JUL - 9 2015

SUBJECT: COALICION NACIONAL DE AUTISMO INC.
Ref. Number: W15000033157

We have received your document for COALICION NACIONAL DE AUTISMO INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation name contains symbols or special characters not recognized on the English keyboard. Please remove the special character wherever it appears in your document.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 515A00009813

15 JUL - 9 PM 2:45

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I **NAME**

Coalición Nacional de Autismo Inc.

The name of the corporation shall be:

ARTICLE II **PRINCIPAL OFFICE**

Principal street address:
5950 Hazeltine National Dr # 515

Orlando, Fl. 32822

Mailing address, if different is: JUL -9 PM 2: 45

FILED

CLERK OF CIRCUIT COURT
ORLANDO, FLORIDA

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: to help hispanic families in and outside the United States that have children with autism by providing information for treatments, therapies, support groups, financial assistance, funds for grants and/or medical supplies.

Also by developing centers with physical facilities to provide residence and workplace for adults and elderly who are diagnosed with autism.

ARTICLE IV **MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As stated in the ByLaws

ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Carlos Hernandez (CEO)

Address: 11251 Spinning Reel Cir
Orlando FL 32825

Name and Title: Michael Iglesias (Dir.)

Address: 103 Cardamon Dr.
Orlando FL 32825

Name and Title: Diodany Hernandez (President)

Address: 11251 Spinning Reel Cir
Orlando FL 32825

Name and Title: Anneliesse Iglesias (Dir.)

Address: 103 Cardamon Dr.
Orlando FL 32825

Name and Title: Marilu Diaz (Dir.)

Address: 5468 Lake Margaret Dr
#1520
Orlando FL 32812

Name and Title:

Address:

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Carlos Hernandez
Address: 11251 Spinnig Reel Cir
Orlando FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Diaz
Address: 5950 Hazeltine National Dr # 515
Orlando, Fl. 32822

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

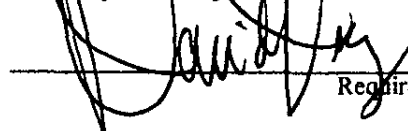


Required Signature of Registered Agent

1/18/2015

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

4/26/2015

Date