

NI5000007682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

NI500000
51498
626

Office Use Only



700275167007

07/27/15--01005--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 AUG -6 AM 9:47

AUG 7 2015
I ALBRITTON

COVER LETTER

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

SUBJECT: Autism Awareness Shop, 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: Jenifer Band

Name (Printed or typed)

12717 Trucious Pl

Address

Tampa, FL 33624

City, State & Zip

954-829-4727

Daytime Telephone number

jenifercody1@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED AUG 6 2015

July 29, 2015

JENIFER BAND
12717 TRUCIOUS PL
TAMPA, FL 33624

SUBJECT: AUTISM AWARENESS SHOP, INC.
Ref. Number: W15000051498

We have received your document for AUTISM AWARENESS SHOP, 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):

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.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

New Filing Section.

Letter Number: 915A00015974

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 AUG -6 AM 9:47

ARTICLE I NAME

The name of the corporation shall be: Autism Awareness Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Autism Awareness Shop, Inc.

12717 Trucious Pl.

Tampa, FL 33624

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to increase the independence and improve the overall quality of life for individuals on the autism spectrum through gainful employment. The success of the employment will be implemented by intensive and therapeutic on the job vocational skill building at actual retail establishments designed with supports in place. Autism Awareness Shop(s) will also serve to increase awareness and acceptance of those on the autism spectrum through community inclusion and demonstrating how every member of our community has value to contribute.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed Directors are elected at any board meeting by the majority vote of existing board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jenifer Band, President

Address: 12717 Trucious Pl
Tampa, FL 33624

Name and Title: Christian Wilson, Vice President

Address: 6391 Harding St
Hollywood, FL 33024

Name and Title: Merraina Acevedo, Treasurer

Address: 10200 N. Armenia Ave #201
Tampa, FL 33612

Name and Title: Melissa Jablonski, Director

Address: 2493 Courtyard Dr.
Margate, FL 33063

Name and Title: Anne Russell, Director

Address: 2035 Fiesta Ridge Ct.
Tampa, FL 33604

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: Jenifer Band

Address: 12717 Trucious Pl

Tampa, FL 33624

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jenifer Band

Address: 12717 Trucious Pl

Tampa, FL 33624

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

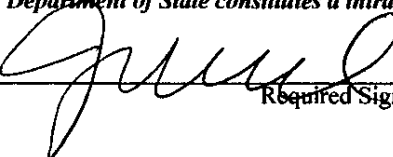
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/23/2015
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

7/23/2015
Date