

AUG/09/2018/THU 02:16 PM

FAX No.

P. 001

8/6/2018

Division of Corporations

N180002314093

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000231409 3)))



H180002314093ABC

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
TAKING CARE OF YOU, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 AUG -9 PM 1:53
COMMERCIAL
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2018 AUG -9 AM 9:15
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FAX No.

P. 002

850-617-6381

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August 9, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: TAKING CARE OF YOU, INC
REF: W18000072325

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

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

Alannah M Carranza
OPS
New Filing Section

FAX Aud. #: H18000231409
Letter Number: 218A00016440

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

FILED
 2018 AUG -9 AM 9:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE I NAME TAKING CARE OF YOU, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address: _____

Mailing address, if different is: _____

14380 SW 157th ST

MIAMI, FL 33177

ARTICLE III PURPOSE

THE PURPOSE FOR THIS ORGANIZATION IS TO SUPPORT
The purpose for which the corporation is organized is: _____
EDUCATIONAL INSTITUTIONS TO HELP THOSE ON THE SPECTRUM WITH AUTISM, AS WELL AS THOSE WITH
OTHER LEARNING DISABILITIES SUCH AS SPEECH, AND BEHAVIORAL.

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

The manner of election will be by its Minutes and By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Fernando Vergara Damacen (P) Name and Title: _____

Address 14380 SW 157th ST Address: _____
MIAMI, FL 33177

Name and Title: Fabiana Daniela Tejerina (V/P) Name and Title: _____

Address 14380 SW 157th ST Address: _____
MIAMI, FL 33177

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Eric Fernando Vergara Damacen
Address: 14380 SW 157th ST
MIAMI, FL 33177

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Eric Fernando Vergara Damacen
Address: 14380 SW 157th ST
MIAMI, FL 33177

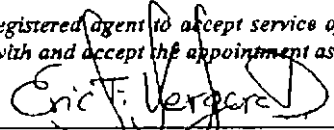
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

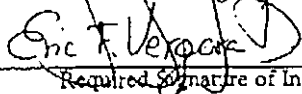


Required Signature of Registered Agent

08/06/2018

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

08/06/2018

Date