

# N19000003735

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## FLORIDA PROFIT/NON PROFIT CORPORATION FLYING AUTISM FOUNDATION INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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April 9, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS CORPORATE FILINGS

SUBJECT: FLYING AUTISM FOUNDATION INC  
REF: W19000035663

We have received your document for FLYING AUTISM FOUNDATION INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return 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.

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H19000116012  
Letter Number: 519A00007061

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

**ARTICLE I NAME**The name of the corporation shall be: FLYING AUTISM FOUNDATION Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:16731 SW 5<sup>TH</sup> CT, #10 WESTON  
FL 33326

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To help with early diagnosis of autism. To give therapy & programs to help autistic individuals cope with flying on planes as well as other stressful situations.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:By THE BYLAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NEFI PATRICIO CONTRARTESE Name and Title: PRESIDENT

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: DANIELA VAZQUEZ FIGUEROA Name and Title: VICE PRESIDENT

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: DANIELA ALEJANDRA ASCHOMPS Name and Title: TREASURER

Address: \_\_\_\_\_ 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: NETI CONTADORSAddress: 16731 SW 5TH CT #0  
WASTON FL 33326**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: NETI CONTADORSAddress: 16731 SW 5TH CT, #0  
WASTON FL 33326

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 Agent04/08/2019  
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.817.153, F.S.

\_\_\_\_\_  
Required Signature of Incorporator04/08/2019  
Date