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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

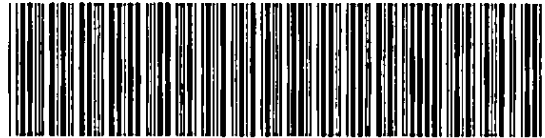
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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ARTICLES OF INCORPORATION  
Of  
SHOW ME YOUR WORLD AUTISM FOUNDATION, INC.  
A NONPROFIT CORPORATION

The undersigned, natural person of the age of eighteen years or older, acting as incorporator for the purpose of creating a nonprofit corporation under the laws of the State of Florida in compliance with Chapter 617, F.S., do hereby set forth:

Article I The name of the corporation is Show Me Your World Autism Foundation, Inc.

Article II The principal place of business and mailing address of this corporation is:

Principal: 10900 NW 25<sup>th</sup>, Suite 106  
Miami, FL 33172

Mailing: 10900 NW 25<sup>th</sup>, Suite 106  
Miami, FL 33172

2019 DEC 23 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

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Article III The purposes for which the corporation is organized are:

a. Show Me Your World Autism Foundation, Inc. is organized for exclusively religious, charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under said Section 501(c)(3) of the Internal Revenue Code of 1986. Specifically, the organization will provide benevolent assistance and support to families coping with Autism.

b. Notwithstanding any other provision of these Articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

c. No part of the activities of the corporation shall be carrying on propaganda, or otherwise attempting to influence legislation, or participating in, or intervening in (including the publication or distribution of statements), any political campaign on behalf of any candidate for public office.

Article IV The board of directors of the corporation shall be elected or appointed in the

manner and for the terms provided in the Bylaws.

Article V The names, addresses and titles of Directors / Officers are:  
Alessandra Villegas, President/Treasurer, 8395 SW 73rd Ave, #107, Miami, FL 33143  
Arianna Rolfini, Secretary, 7 Grandview Crest, Bradford, L3Z2A5 CAN  
Alejandra Castillo, Director, 3022 South Miami Avenue, Miami, FL 33129

Article VI The address of the initial registered office of the corporation is  
10900 NW 25<sup>th</sup>, Suite 106  
Miami, FL 33172

and the name of the corporation's original registered agent at such address is  
Alejandra Castillo

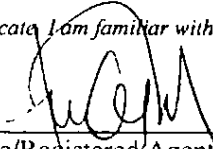
Article VII The name and address of the incorporator is as follows:  
Alejandra Castillo  
10900 NW 25<sup>th</sup>, Suite 106  
Miami, FL 33172

Article VIII This corporation will not have members.

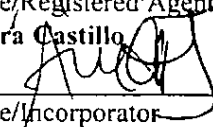
Article IX No part of the net earnings of the corporation shall inure to the benefit of any officer or director of the corporation; and upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for payment of all the liabilities of the corporation, dispose of the residual assets of the corporation exclusively for exempt purposes of the corporation in such manner, or to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding Sections of any future Internal Revenue Code. Any such assets not so disposed of shall be disposed of by the Superior Court of the county in which the principal office of the corporation is then located, for such purposes or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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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.*

  
\_\_\_\_\_  
Signature/Registered Agent  
Alejandra Castillo

12 / 19 / 19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator  
Alejandra Castillo

12 / 19 / 19  
\_\_\_\_\_  
Date

## TRANSMITTAL LETTER

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

**SUBJECT:** Show Me Your World Autism Foundation, 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:** Alejandra Castillo  
Name (Printed or typed)

10900 NW 25th, Suite 106  
Address

Miami, FL 33172  
City, State & Zip

786-641-3966  
Daytime Telephone number

mariellamongiovi@gmail.com  
Email address: (to be use for future annual report notifications)

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