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| 8/08/22 | FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET | 10:14 | АМ | |
| | (((H22000234985 4))) | | | |

 TO:
 DIVISION OF CORPORATIONS
 FAX #: (850)922-4001

 FROM:
 LEGALZOOM.COM INC.
 ACCT#: I20010000062

 CONTACT:
 DAVID GREEN
 PHONE: (323)962-8600

 FAX #:
 (323)962-3889

NAME: Autism Adventures Incorporated AUDIT NUMBER.....H22000234985 DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A. CERI. OF STATUS..0 PAGES...... 4 CERI. COPIES.....1 DEL.METHOD.. FAX EST.CHARGE.. \$78.75

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** ENTER 'M' FOR MENU. ** Undefined function key ENTER SELECTION AND CR:

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COVER LETTER

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

SUBJECT:

(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

S78.75 Filing Fee & Certified Copy □ \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM

Cheyenne Moseley, Legalzoom.com, Inc.

Name (Printed or typed)

101 N Brand Blvd., 11th Fir.

Address

Giendale, CA 91203

City, State & Zip

323 962-8600 ext. 9724

Daytime Telephone number

patrickharciajr@gmall.com

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

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

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

| -14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 | PRINCIPAL OFFICE | | | |
|--|---|---|--|----------|
| | | | N # - (1) | |
| 21947 | Principal <u>street</u> address: SE Highway 19, Old Town, Florida 326 | 580 | Mailing address, if different is: | |
| | | | | |
| | | | | |
| URTICLE III | PURPOSE | <u></u> | | |
| "he purpose for | r which the corporation is organized is: | Please see attachmen | | |
| | ······································ | | | |
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| <u>IRTICLE IV</u> which the di | <u>MANNER OF ELECTION</u> The man rectors of the corporation are clear | uner in which the dire | ctors are elected and appointed: The methods will be stated in the bylaws. | hod |
| which the di I <u>RTICLE_V</u> | rectors of the corporation are elect | led or appointed v | will be stated in the bylaws. | hođ |
| which the di I <u>RTICLE_V</u> Name and Title | Carrie Belinda Rae Barcis (P,D) | ted or appointed v CTORS Name and Title | tors are elected and appointed: The meth will be stated in the bylaws. John McQueen (T) 21947 SE Highway 19, Old Town, | hođ |
| which the di I <u>RTICLE_V</u> | Carrie Belinda Rae Barcis (P,D) | led or appointed v | John McQueen (T) | hođ |
| which the di I <u>RTICLE_V</u> Name and Title | INITIAL OFFICERS AND/OR DIREG Carrie Belinda Rae Barcia (P,D) 21947 SE Highway 19, Old Town, | ted or appointed v CTORS Name and Title | John McQueen (T) 21947 SE Highway 19, Old Town, | hođ |
| which the di I <u>RTICLE_V</u> Name and Title Address | INITIAL OFFICERS AND/OR DIREC Carrie Belinda Rae Barcis (P,D) 21947 SE Highway 19, Old Town, Florida 32680 | ted or appointed a <u>CTORS</u> Name and Title Address: — | John McQueen (T) 21947 SE Highway 19, Old Town, Florida 32680 | hod |
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| which the di I <u>RTICLE_V</u> Name and Title Address | INITIAL OFFICERS AND/OR DIREG Carrie Belinda Rae Barcia (P,D) 21947 SE Highway 19, Old Town, Florida 32680 | ted or appointed a <u>CTORS</u> Name and Title Address: — | John McQueen (T) 21947 SE Highway 19, Old Town, Florida 32680 Patrick John Barcia Jr (D) | hod |
| which the di I <u>RTICLE V</u> Name and Title Address Name and Title | INITIAL OFFICERS AND/OR DIREG Carrie Belinda Rae Barcia (P,D) 21947 SE Highway 19, Old Town, Florida 32680 April Glover (S,D) 21947 SE Highway 19, Old Town, | ted or appointed a CTORS Name and Title Address: Name and Title | John McQueen (T) 21947 SE Highway 19, Old Town, Florida 32680 Patrick John Barcia Jr (D) 21947 SE Highway 19, Old Town, | hod |
| which the di I <u>RTICLE V</u> Name and Title Address Name and Title | rectors of the corporation are elect INITIAL OFFICERS AND/OR DIREG Carrie Belinda Rae Barcia (P,D) 21947 SE Highway 19, Old Town, Florida 32680 April Glover (S,D) 21947 SF Highway 19, Old Town, Florida 32680 | ted or appointed a CTORS Name and Title Address: Address. Address. | John McQueen (T) 21947 SE Highway 19, Old Town, Florida 32680 Patrick John Barcia Jr (D) 21947 SE Highway 19, Old Town, | hođ |
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ARTICLE VI __ REGISTERED AGENT The <u>name and Florida strewt address</u> (P.O. Box NOT acceptable) of the registered agent is:

| Name: | Patrick Barcis Jr. | |
|---------|--------------------------------|--|
| Address | 21947 SE Highway 19, Old Town, | |
| | Florida 32580 | |

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Cheyenne Moseley, Legalzoom.com, Inc. Namo: 101 N. Brand Blvd. 11th Floor Address: Giendale, CA 91203

RA NAME

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.

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| Having been named of r | effstered agent to accept service of process for the above stated corporation at the place designated in this with any accept the appointment as registered agent and agree to act in this capacity |
| certificate. I am familfar | with any accept the appointment as registered agent and agree to act in this capacity |

Required Signature of Registered Agent

2022 Deie

I submit this document and affirm that the facts stated herein are true. I um 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

7/7/2022

Date

Cheverine Moseley, Asst. Secretary, Legalzoom.com, Inc.