

N230000003990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

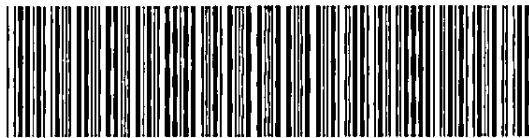
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800403566618

FILED

23 MAR 21 AM 10:10

SECRETARY OF STATE
FALLAHASSER, J. (2021)

COVER LETTER

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

SUBJECT: EYECONTACT - LIVES SHAPED BY AUTISM, 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

23 MAR 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

FROM: PROTAX PROFESSIONAL CONCEPT, INC.

Name (Printed or typed)

1275 Highway 1 - Suite 2 - 6042

Address

Vero Beach, FL 32960

City, State & Zip

9am - 7pm

Daytime Telephone number

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

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

**ARTICLES OF INCORPORATION
OF
EYECONTACT - LIVES SHAPED BY AUTISM, INC**
(In compliance with chapter 617, F.S., - Not for Profit)

ARTICLE I - NAME

The name of the corporation shall be:

EYECONTACT - LIVES SHAPED BY AUTISM, INC

ARTICLE II - PRINCIPAL OFFICE

The principal places of business and mailing address of this corporation shall be:

Principal and Mailing:

**1053 Poplar Cr
Weston, FL 33326**

ARTICLE III - PURPOSES

The specific purpose for which the corporation is organized is:

This Corporation is organized exclusively for charitable, educational and cultural purposes, promoting campaigns to support and welcome mothers of people with autism spectrum disorder (ASD), recognizing and valuing the role they play, not only in managing the treatment of their children, but as agents of progress in their communities, making a difference in public, social and educational inclusion policies. Our goal is to give families the attention they deserve and provide hope by spreading science-based knowledge about autism and highlighting the role that ARTS plays as a workforce inclusion tool for these people, as well as making distributions to organizations that qualify as organization exemptions described in Section 501c3 of the Internal Revenue Code, or corresponding section of any future tax code.

ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

As provided for in the Bylaws.

ARTICLE V - BOARD OF DIRECTORS

This time, the officers of the corporation will serve until the board designs others. The boards of directors are:

NAME	ADDRESS
Graziella Corbellini Gadia President	1053 Poplar Cr Weston, FL 33326
Carlos Gadia Vice President	1053 Poplar Cr Weston, FL 33326
Arturo Valensuela Treasurer	10443 NW 3rd St Pembroke Pines, FL 33026
Barbara Corbellini Duarte Secretary	10443 NW 3rd St Pembroke Pines, FL 33026

FILED

23 MAR 21 AM 10:10
CLERK OF STATE
TALLAHASSEE, FL 32399

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Graziella C. Gadia
1053 Poplar Cr
Weston, FL 33326

ARTICLE VII - TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VIII - EFFECTIVE DATE

The articles of incorporation shall be effective on 02/01/2023 upon approval of the Secretary of State, State of Florida.

ARTICLE IX - INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:

PROTAX PROFESSIONAL CONCEPT, INC.
Rafael Kneip - Sole Incorporator
1275 Highway 1
Suite 2 - 6042
Vero Beach, FL 32960

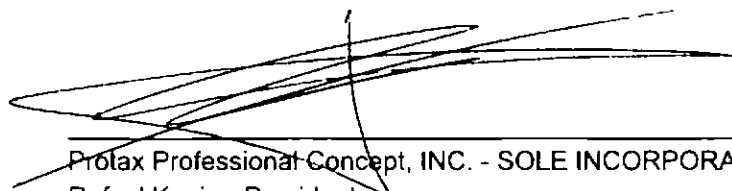
ARTICLE X - DISSOLUTION

Upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501c3 of the internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

23 MAR 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this February 01, 2023.



Protax Professional Concept, INC. - SOLE INCORPORATOR
Rafael Kneip - President
1275 Highway 1
Suite 2 - 6042
VERO BEACH, FL 32960

CERTIFICATE OF RESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 617.0202 FLORIDA
STATUTES THE UNDERSIGNED CORPORATION ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING
STATEMENTS IN DESIGNATING THE REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1 - The name of the Non Profit Corporation is **EYECONTACT - LIVES
SHAPED BY AUTISM, INC**

2 - The name and address of the registered agent and office is:

Graziella C. Gadla

Registered Agent
1053 Poplar Cr

Address
Weston, FL 33326

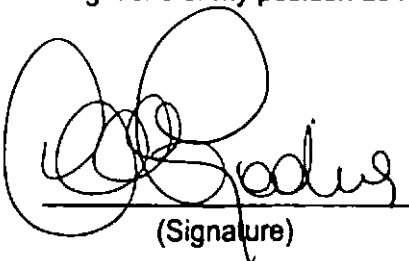
City - State - Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 MAR 21 AM 10:10

FILED

Having been named as registered agent to accept service of process for the
above stated corporation at the place designated in this certificate, I hereby
accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relating to the proper
and complete performance of my duties and I am Familiar with and accept the
obligations of my position as registered agent.



(Signature)

02/01/2023
Date

COVER LETTER

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

SUBJECT: EYECONTACT - LIVES SHAPED BY AUTISM, 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: PROTAX PROFESSIONAL CONCEPT, INC.

Name (Printed or typed)

1275 Highway 1 - Suite 2 - 6042

Address

Vero Beach, FL 32960

City, State & Zip

9am - 7pm

Daytime Telephone number

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

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

23 MAR 21 AM 10:10

FILED

**ARTICLES OF INCORPORATION
OF
EYECONTACT - LIVES SHAPED BY AUTISM, INC**
(In compliance with chapter 617, F.S., - Not for Profit)

ARTICLE I - NAME

The name of the corporation shall be:

EYECONTACT - LIVES SHAPED BY AUTISM, INC

ARTICLE II - PRINCIPAL OFFICE

The principal places of business and mailing address of this corporation shall be:

Principal and Mailing:

1053 Poplar Cr

Weston, FL 33326

ARTICLE III - PURPOSES

The specific purpose for which the corporation is organized is:

This Corporation is organized exclusively for charitable, educational and cultural purposes, promoting campaigns to support and welcome mothers of people with autism spectrum disorder (ASD), recognizing and valuing the role they play, not only in managing the treatment of their children, but as agents of progress in their communities, making a difference in public, social and educational inclusion policies. Our goal is to give families the attention they deserve and provide hope by spreading science-based knowledge about autism and highlighting the role that ARTS plays as a workforce inclusion tool for these people, as well as making distributions to organizations that qualify as organization exemptions described in Section 501c3 of the Internal Revenue Code, or corresponding section of any future tax code.

ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

As provided for in the Bylaws.

ARTICLE V - BOARD OF DIRECTORS

This time, the officers of the corporation will serve until the board designs others. The boards of directors are:

NAME	ADDRESS
Graziella Corbellini Gadia President	1053 Poplar Cr Weston, FL 33326
Carlos Gadia Vice President	1053 Poplar Cr Weston, FL 33326
Arturo Valensuela Treasurer	10443 NW 3rd St Pembroke Pines, FL 33026
Barbara Corbellini Duarte Secretary	10443 NW 3rd St Pembroke Pines, FL 33026

23 MAR 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

**Graziella C. Gadia
1053 Poplar Cr
Weston, FL 33326**

ARTICLE VII - TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VIII - EFFECTIVE DATE

The articles of incorporation shall be effective on 02/01/2023 upon approval of the Secretary of State, State of Florida.

ARTICLE IX - INCORPORATOR

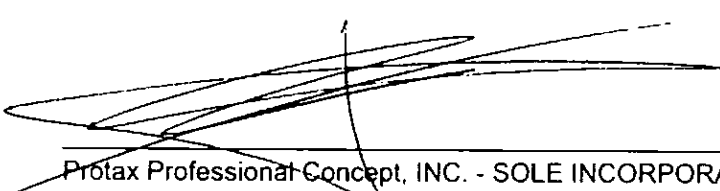
The **name and address** of the incorporator of these Articles of Incorporation are:

**PROTAX PROFESSIONAL CONCEPT, INC.
Rafael Kneip - Sole Incorporator
1275 Highway 1
Suite 2 - 6042
Vero Beach, FL 32960**

ARTICLE X - DISSOLUTION

Upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501c3 of the internal Revenue Code or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this February 01, 2023.



Protax Professional Concept, INC. - SOLE INCORPORATOR
Rafael Kneip - President
1275 Highway 1
Suite 2 - 6042
VERO BEACH, FL 32960

23 MAR 23 THU:10
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

CERTIFICATE OF RESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 617.0202 FLORIDA
STATUTES THE UNDERSIGNED CORPORATION ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING
STATEMENTS IN DESIGNATING THE REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1 - The name of the Non Profit Corporation is **EYECONTACT - LIVES
SHAPED BY AUTISM. INC**

2 - The name and address of the registered agent and office is:

Graziella C. Gadla

Registered Agent

1053 Poplar Cr

Address

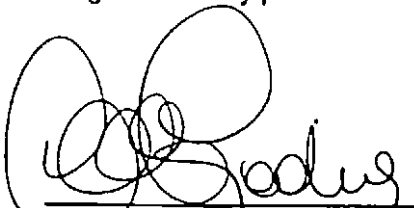
Weston, FL 33326

City - State - Zip

23 MAR 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Having been named as registered agent to accept service of process for the
above stated corporation at the place designated in this certificate, I hereby
accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relating to the proper
and complete performance of my duties and I am Familiar with and accept the
obligations of my position as registered agent.



(Signature)

02/01/2023
Date