## N98000007274

Marion Autistic Council, Inc.

## TRANSMITTAL LETTER

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

400002717874---4 -12/21/98--01109--006 \*\*\*\*\*78.75 \*\*\*\*\*78.75

S70.00 Filing Fee  ACOUNTY ATION BY PHO	\$78.75 Filing Fee & Certificate GAVE NE TO	S122.50 Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate
128 BB			
FROM:	Pat Hawk Name (P	rinted or typed)	98 DEC

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

Daytime Telephone number

(352) 591-3120

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

<u>ARTICLE</u> I

The name of the corporation shall be:

Marion Autistic Council, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P. O. Box 57, Reddick, FL 32686 (5301 W. Hwy. 316, Reddick, FL 32686)

PURPOSE(S) ARTICLE III

The specific purpose(s) for which the corporation is organized is(are):

To serve Autistic and related disorders children and adults in Marion County

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Election by general membership as stated in the bylaws.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ann Gonzalez, 10850 SE 141 Ave. Rd., Ocklawaha, FL 32179 (352) 288-0266

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Pat Hawk, P.O. Box 65 (5301 W. Hwy 316) Reddick, FL 32686

(352) 591-3120

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and 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/Registered Agent