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V.

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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## **COVER LETTER**

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

SUBJECT: STRONG LINK TO AUTISM INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: STRONG Name (Printed or typed)				
	1011 SW 74 AVE	Address		
NOITH LAUSELDALE, FL 33068 City, State & Zip				
Stolo-804-0888 x 1383 Daytime Telephone number				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:   STRONG LINK TO AUTISM INC.	FIL 07 MAR -8 SECRETARY
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is  OUTH LAUSEDALE, FL 33068  ARTICLE III PURPOSE	PH 4: 16 OF STATE EE, FLORIDA
The purpose for which the corporation is organized is:  ID DFFEL ASSISTANCE TO LAW ENFORCEMENT AGE  CENGLAL PUBLIC IN RECOGNIZING/IDENTIFYING PERSONS  ARTICLE IV SHARES  The number of shares of stock is:	FNCY IS AND THE OF AUTIBM.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  SHERRY L. STRONG PRESIDENT/DWALER	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent  OUT SWOTH AVE. #101 SHERRY STRONG	nt is:
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
SHECRY STRONG 1011 SW 74 AVE #101 NOOTH LAUNTIDALE, FL 33068	*****
Having been named as registered agent to accept service of process for the above stated corporation at certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap	
Signature/Registered Agent  One Signature/Incorporator	Date Date