

P09000076121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

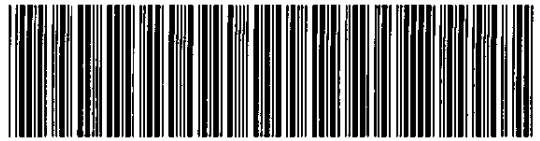
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/17/09--01005--005 **78.75

FILED
09 SEP 14 PM 1:55
TALLAHASSEE, FLORIDA

W09000037303

ACK
9-14-09

COVER LETTER

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

SUBJECT: Autism Insider Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Sarah Sweeney
Name (Printed or typed)

7450 Griffin Rd Suite 250
Address

Davie Florida 33314
City, State & Zip

(954) 5843198
Daytime Telephone number

autisminsidernewsletter@gmail.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED

FLORIDA DEPARTMENT OF STATE 09 SEP 14 PM 2:19
Division of Corporations

DIVISION OF CORPORATION

August 18, 2009

AUTISM INSIDER CORP.
7450 GRIFFIN RD. SUITE 250
DAVIE, FL 33314

SUBJECT: AUTISM INSIDER CORP.
Ref. Number: W09000037303

We have received your document for AUTISM INSIDER CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney
OPS Clerk
New Filing Section

Letter Number: 409A00028025

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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: Autism Insider Corp.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
7450 Griffin Rd Suite 250 Davie Fl 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Autism: Newsletter, Conference and Fairs

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Sarah Sweeney 17644 SW 6th St Pembroke Pines Fl 33029 President
Luciana Leo 1700 Galiano St Apt 2 Miami Fl 33134 Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sarah Sweeney 17644 SW 6th St Pembroke Pines Fl 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Francisco Roche 17644 SW 6th St Pembroke Pines Fl 33029

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

09/12/2009

Date



Signature/Incorporator

09/12/2009

Date

FILED
09 SEP 14 PM 1:55
CLERK OF DISTRICT COURT
MIAMI, FLORIDA