

P12000043021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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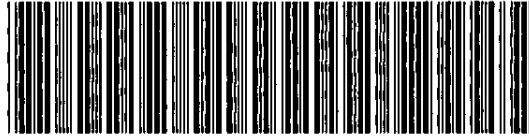
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 8 2012

COPY

COVER LETTER

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

SUBJECT: Autism Lane, 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: Jennifer Fay Lane

Name (Printed or typed)

9312 W. Ontario Dr.

Address

Littleton, CO 80128

City, State & Zip

904 370-0039

Daytime Telephone number

Lane3027@yahoo.com

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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Autism Lane, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
9312 W. Ontario Dr.
Littleton, CO 80128

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jennifer Fay Lane, President</u>	Name and Title: _____
Address: <u>9312 W. Ontario Dr.</u>	Address: _____
<u>Littleton, CO 80128</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

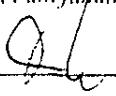
Name: T. James Murphy
Address: 11250 Old St Augustine Rd 0067 #144
Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

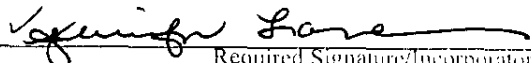
Name: Jennifer Lay Lane, President
Address: 9312 W. Ontario Dr.
Littleton, CO 80128

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


Required Signature/Registered Agent

4-18-12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

4-18-12
Date

FILED
12 MAY -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL 09107