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FAX No.

P16000035786

Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AUTISM TRAINING CENTERS OF MIAMI, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

APR 22 2016

T. SCOTT

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FAX No.

P. 002

850-817-8381

4/21/2016 12:58:37 PM PAGE 1/001 Fax Server



April 21, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: AUTISM TRAINING CENTERS OF MIAMI, INC.  
REF: W16000029778

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H16000095865  
Letter Number: 116A00008291

P.O BOX 6327 - Tallahassee, Florida 32314

**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 TRAINING CENTERS OF MIAMI, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

417 SE 3<sup>RD</sup> STREETHIALEAH, FL 33010**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO TRANSACT ANY AND LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 200 Shares @ \$1.00 Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CARLOS JULIO LAMADRID P.D.

Name and Title: \_\_\_\_\_

Address: 417 SE 3RD STREET

Address: \_\_\_\_\_

HIALEAH, FL 33010Name and Title: MEILYN ACOSTA VP

Name and Title: \_\_\_\_\_

Address: 417 SE 3RD STREET

Address: \_\_\_\_\_

HIALEAH, FL 33010

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
 SECRETARY OF CORPORATIONS  
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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: CARLOS JULIO LAMADRID  
Address: 417 SE 3RD STREET  
HIALEAH, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CARLOS JULIO LAMADRID  
Address: 417 SE 3RD STREET  
HIALEAH, FL 33010

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/14/2016  
\_\_\_\_\_  
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

4/14/2016  
\_\_\_\_\_  
Date