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FLORIDA
DEPARTMENT OF STATE
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

APR/21/2016/THU 05:04 PM

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FAX No. P. 002
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

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FAX No.

P. 003

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 3RD STREET _____
HIALEAH, FL 33010 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO TRANACT 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 33010 _____

16 APR 21 PM 12:40
FILED
SECYARY OF STATE
DIVISION OF CORPORATIONS

Name 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: _____

APR/21/2016/THU 05:04 PM

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P. 004

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.

4/14/2016

Date

Required Signature/Registered Agent

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.

4/14/2016

Date

Required Signature/Incorporator