

6/26/2019

Division of Corporations

P19000051203

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FLORIDA PROFIT/NON PROFIT CORPORATION
AUTISM SPECIALTY CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2019 JUN 26 PM 12:03

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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K. PAGE

JUN 27 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AUTISM SPECIALTY CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

423 SW 77 AVEMIAMI, FL 33144**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YISEL ARAUJO PAULA (P)

Name and Title: _____

Address: 423 SW 77 AVE

Address: _____

MIAMI, FL 33144

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: YISEL ARAUJO PAULA
Address: 423 SW 77 AVE
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YISEL ARAUJO PAULA
Address: 423 SW 77 AVE
MIAMI, FL 33144

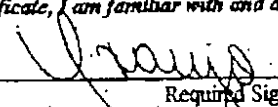
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

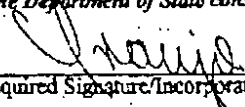


Required Signature/Registered Agent

6/24/2019

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

6/24/2019

Date