

11/23/21, 9 P

P21 0000 99316

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000432066 3)))



H210004320663ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

119

2021 NOV 23 PM 12:56

2021 NOV 23

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
L & D AUTISM DISORDER CORP

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

05:03 PM 11/23/21

Electronic Filing Menu

Corporate Filing Menu

Help

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: L & D AUTISM DISORDER CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

24634 SW 115 CT

HOMESTEAD, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA CLAUDIA HARRISON (P) Name and Title: _____

Address 24634 SW 115 CT Address: _____

HOMESTEAD, FL 33032 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

NOV 23 PM 12:56
2021

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: MARIA CLAUDIA HARRISON
 Address: 24634 SW 115 CT
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARIA CLAUDIA HARRISON
 Address: 24634 SW 115 CT
HOMESTEAD, FL 33032

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

/s/ Maria Claudia Harrison 11/22/2021
 Required Signature/Registered Agent 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.

/s/ Maria Claudia Harrison 11/22/2021
 Required Signature/Incorporator Date

7:56 PM
 NOV 23 2021
 DEPARTMENT OF STATE
 TALLAHASSEE, FL