

For Office Use Only



File No.: 6377622 Date Filed: 9/6/2024

| CA NONPROFIT CORPORATION | | |
|--------------------------|-------------------------------|--|
| | PUBLIC BENEFIT | |
| | California Secretary of State | |
| | 1500 11th Street | |
| | Sacramento, California 95814 | |
| | (916) 657-5448 | |
| | | |

STATE OF CALIFORNIA

Office of the Secretary of State

ARTICLES OF INCORPORATION

| Corporation Name | | | |
|--|---|--|--|
| Corporation Name | Autismo Unidos Inc. | | |
| Initial Street Address of Principal Office of Corporation | | | |
| Principal Address | 1500 HAGGIN OAKS BLVD BAKERSFIELD, CA 93311 | | |
| | BARERSFIELD, CA 93311 | | |
| Initial Mailing Address of Corporation | | | |
| Mailing Address | 1500 HAGGIN OAKS BLVD BAKERSFIELD, CA 93311 | | |
| Attention | | | |
| Agent for Service of Process | | | |
| I certify the selected California Registered Corpo Process for this entity. | prate Agent (1505) has agreed to serve as the Agent for Service of | | |
| California Registered Corporate Agent (1505) | UNITED STATES CORPORATION AGENTS, INC. Registered Corporate 1505 Agent | | |
| Purpose Statement | | | |
| This corporation is a Nonprofit Public Benefit Corpora organized under the Nonprofit Public Benefit Corpora | ation and is not organized for the private gain of any person. It is ation Law for: Public and Charitable purposes | | |
| Additional Statements | | | |
| The specific purpose of this corporation is to The main purpose in mind is to serve and educate the Hispanic community on autism spectrum disorder. Studies have shown that Hispanic children are diagnosed with ASD less often than any other race. | | | |
| Notwithstanding any of the above statements of pu | urpose and powers, this corporation shall not, except to an | | |
| | substantial degree, engage in any activities or exercise any powers that are not in furtherance of the specific | | |
| Additional information and signatures set forth on a made part of these Articles of Incorporation. | attached pages, if any, are incorporated herein by reference and | | |
| Electronic Signature | | | |
| I declare that I am the person who executed this | instrument, which execution is my act and deed. | | |
| Lissette Ma | 09/06/2024 | | |
| Signature | Date | | |