

L12000023713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

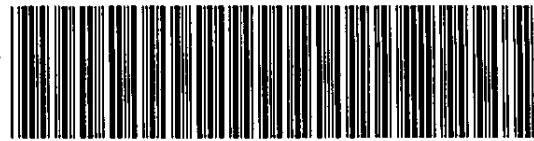
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100294982591

02/01/17--01014--029 **110.00

2017 FEB -1 P 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
FEB 02 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Addiction Alternatives, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Benson

Name of Person

Law Office Bonnie A. Brown

Firm/Company

514 Colorado Ave

Address

Stuart, Florida 34994

City/State and Zip Code

d.buscema@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Benson

Name of Person

at (**772**)

Area Code

221-9024

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB -11 P 1: 57

FILED

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Addiction Alternatives, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000023713

THIRD: The street address of the limited liability company's principal office is:
1420 SW St. Lucie West Blvd
Suite 106
Port St. Lucie, Florida 34986

The mailing address of the limited liability company's principal office is:
1420 SW St. Lucie West Blvd
Suite 106
Port St. Lucie, Florida 34986

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

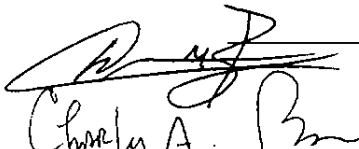
a. Granted to: Charles A. Buscema and Donna M. Buscema

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Charles A. Buscema and Donna M. Buscema

b. No authority granted to: _____



Signature of authorized representative

Charles A. Buscema
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
2017 FEB - 1 P 1:57
CLERK OF STATE
TALLAHASSEE, FLORIDA