

N14 0000004975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

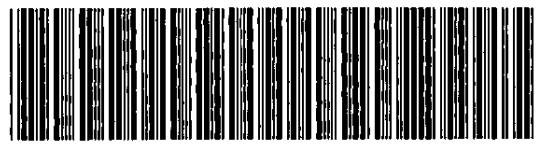
(Document Number)

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05/23/14--01005--003 **70.00

RECEIVED
DIVISION OF CORP. SERVICES
MAY 23 PM 2:34

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: All About Addiction, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: **Thomas McGeeney**
Name (Printed or typed)

18604 49th St N
Address

Loxahatchee, Fl 33470
City, State & Zip

561-723-6325
Daytime Telephone number

mcgenny@bellsouth.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: All About Addiction, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

18604 49th St N

Loxahatchee, FI 33470

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist indigent people with substance abuse and mental health issues.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas McGeeney-President

Address: 18604 49th St N
Loxahatchee, FL 33470

Name and Title: Ashley McGeeney-Vice President

Address: 18604 49th St N
Loxahatchee, FI 33470

Name and Title: Jared Schorr-Treasurer

Address: 11259 Narragansett Bay Ct
Wellington, FI 33414

Name and Title: Georgia McGeeney-Secretary

Address: 18604 49th St N
Loxahatchee, FI 33470

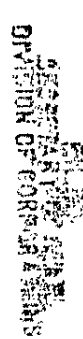
Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

MAY 23 PM 2:34



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: Thomas McGeeney

Address: 18604 49th St N

Loxahatchee, Fl 33470

14 MAY 23 PM 2:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

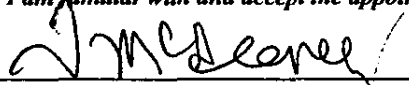
The name and address of the Incorporator is:

Name: Jared Schorr

Address: 11259 Narragansett Bay Ct

Wellington, Fl 33414

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

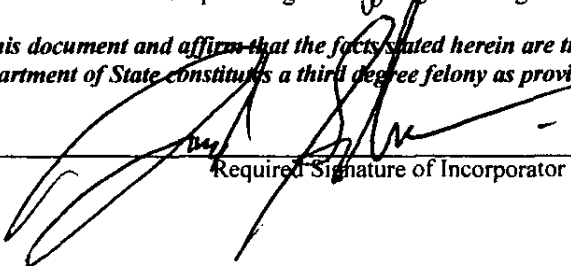


Required Signature of Registered Agent

5/19/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

5/19/14

Date