

PD4000025/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

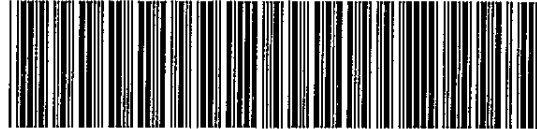
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Signature] 2/6



100027438461

02/03/04--D1006--008 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 FEB -2 PM 12:36

TRANSMITTAL LETTER

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

SUBJECT: A Alcohol Abuse 24 Hour AAAA Able
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Helpline And Counseling Center, Inc.

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert Leff
Name (Printed or typed)

1740 Lakeshore Drive
Address

Weston FL 33326
City, State & Zip

(954) 559-5333
Daytime Telephone number

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

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: A Alcohol Abuse 24 Hour AAAAA
Able Helpline And Counseling Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4750 N. Dixie Hwy, Suite #8
Ft. Lauderdale, FL 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Advertising & Marketing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

~~Robert~~ Agop Rustemoglu, President
4750 N. Dixie Hwy, Suite #8
Ft. Lauderdale, FL 33334

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

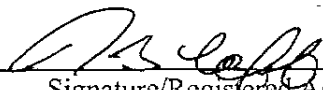
Robert Leff
1740 Lakeshore Drive
Weston, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

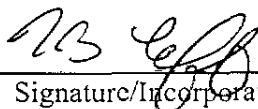
Robert Leff
1740 Lakeshore Drive
Weston, FL 33326

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



Signature/Registered Agent

1/28/04
Date



Signature/Incorporator

1/28/04
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 FEB -2 PM 12:36