

N140000004975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

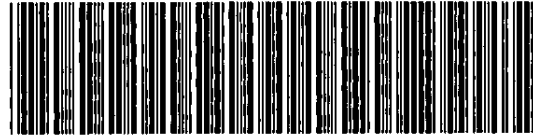
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RECEIVED  
DIVISION OF CORPORATIONS  
MAY 23 PM 2:34

**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

Mailing address, if different is:

Loxahatchee, FL 33470

**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    Name and Title: Ashley McGeeney-Vice President

Address: 18604 49th St N    Address: 18604 49th St N  
Loxahatchee, FL 33470    Loxahatchee, FL 33470

Name and Title: Jared Schorr-Treasurer    Name and Title: Georgia McGeeney-Secretary

Address: 11259 Narragansett Bay Ct    Address: 18604 49th St N  
Wellington, FL 33414    Loxahatchee, FL 33470

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

14 MAY 23 PM 2:34

DIVISION OF CORPORATE AFFAIRS

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

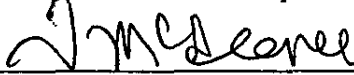
**ARTICLE VII INCORPORATOR**

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*

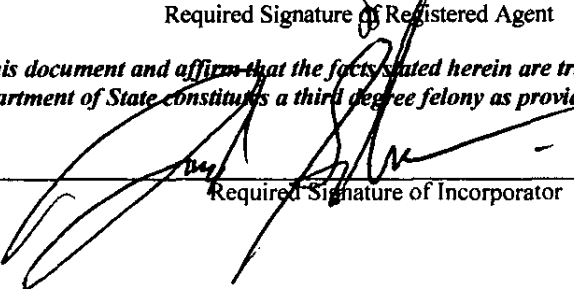


Required Signature of Registered Agent

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