

(Requestor's Name)			
(A	ddress)		
· (A)	ddress)		
ורוי	auress)		
(C	ity/State/Zip/Phone	#)	
	_	_	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name	<u>.</u> e)	
,_	aomeee amas, ram	-,	
(D	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
100	PRIO	₹. I	
Allo	MAR	ン	
Office Use Only			
	/		



700121672537

04/04/08--01022--007 **78.7S

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	I	Am	an	Alcah	ماند	Foundat	10n	Corper	ation	
			(PRC	POSED CO	DRPORAT	E NAME – <u>M</u>	UST INC	CLUDE SU	FFIX)	

Enclosed is an original a	und one(1) copy of the Articl	es of Incorporation and a	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 CO	PY REQUIRED		
FROM: Robert T. Graham SR Name (Printed or typed) 2811 Valencia way 50. Address					
St. Retershing El. 33705 City, State & Zip					
727-515-9618 Daytime Telephone number					

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2008

ROBERT F. GRAHAM, SR. 2811 VALENCIA WAY SO. ST. PETERSBURG, FL 33705

SUBJECT: I AM AN ALCOHOLIC FOUNDATION CORPORATION

Ref. Number: W08000017458

We have received your document for I AM AN ALCOHOLIC FOUNDATION CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) VI and VII.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 108A00020055

98 APR 14 AH 8: 00

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: I Am an Alcoholic Foundation Corperation

NAME

ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation	shall be:
2811 Vatencia way so, St. Petersburg,	FL. 33705
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To Rai.	as Insoner Con the Treatment
	•
and Education of Alcoholism and To	Help hocal Alcohol programs
ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appointed:	nted By Incorporator
	•
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s):	TAS 26
•	
Robert T. Graham Sa. > In Corporator	and Vivector REI PR
Victoria L. Graham > vice President	SSEE 5
ARTICLE VI INITIAL REGISTERED AGENT AND STREE	
The name and Florida street address (P.O. Box NOT acceptable) of	
2811 Valencia woyso, st. Petersburg	EL. 77705 F
Victoria L. Graham	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
2811 Valencia way So. St. Petersburg	Fh. 33706
Robert T. Graham SR.	******
aving been named as registered agent to accept service of process for the above this certificate, I am familiar with and accept the appointment as registered a	ve stated corporation at the place designated agree to act in this capacity.
Vitari Y Maham	4-10-08
ignature/Registered Agent	Date
RIITHO 1	1-21-08
Must. Morom Ble.	
ignature/Incorporator	Date