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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

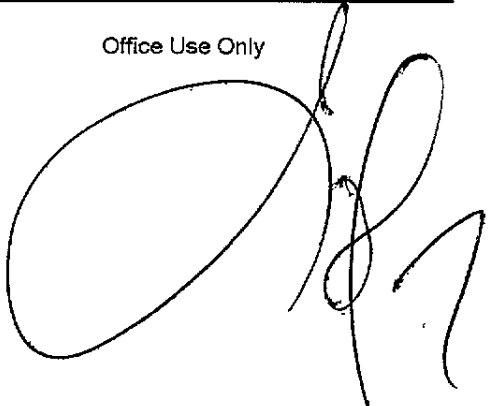
\_\_\_\_\_  
(Business Entity Name)

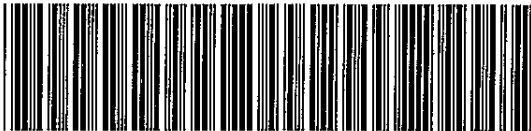
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## TRANSMITTAL LETTER

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

SUBJECT: A Drug A+A Abuse 24 Hour AAAA Action Hotline  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
+ Counseling Services of First Step To Recovery, 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) 558-5333  
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 Drug A+ Abuse 24 Hour AAAA Action Hotline & Counseling Services of First Step To Recovery, 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):

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

Robert Leff  
Signature/Registered Agent

1/28/04  
Date

Robert Leff  
Signature/Incorporator

1/28/04  
Date

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