

PD4000025163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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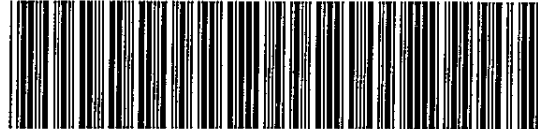
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 FEB -2 PM 12:34

TRANSMITTAL LETTER

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

SUBJECT: A Addiction Assessment And Treatment, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 B. 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 Addiction Assessment And Treatment, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing 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 and 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 ~~Donato~~ Rustenagly, 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 Lett
1740 Lakeshore Drive
Weston, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Lett
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

Date

Signature/Incorporator

Date

FILED
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TALLAHASSEE, FLORIDA
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