

PO8000087929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

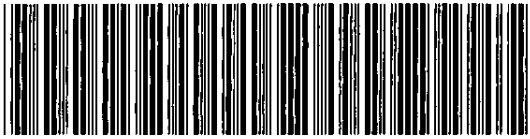
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CP 9/25/08

**COVER LETTER**

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

**SUBJECT:** ADDICT, 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:** RAMON REYES  
Name (Printed or typed)

5035 PALM AVE  
Address

HIALEAH, FL 33012  
City, State & Zip

305 822 0669  
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:

ADDICT, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

520 SOUTH PARK RD #12-27  
HOLLYWOOD. FL 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LAWFULL BUSINESS ALLOW BY THE STATE

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

RUSLANAS BYCKOVAS 520 SOUTH PARK RD APT 12-27 HOLLYWOOD, FL 33021  
PRESIDENT/SECRETARY

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RUSLANAS BYCKOVAS 520 SOUTH PARK RD APT 12-27  
HOLLYWOOD, FL 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


RUSLANAS BYCKOVAS 520 SOUTH PARK RD APT # 12-27  
HOLLYWOOD, FL 33021

\*\*\*\*\*

*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

09.25.2008  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

09.23.2008  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA