

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ACTION FOR REACTION INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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FEB. 10. 2011 1:11PM

CAPITAL CONNECTION

NO. 3864 P. 2

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: **ACTION FOR REACTION INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2269 S. UNIVERSITY DRIVE
#237
Davie FLA 33324

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Process Service & Investigation

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Louis Gustetic, President**
Address: **2269 S. UNIVERSITY DRIVE**
#237
Davie FLA 33324

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Louis Gustetic**
Address: **2269 S. UNIVERSITY DRIVE**
Davie FLA 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Louis Gustetic**
Address: **2269 S. UNIVERSITY DRIVE**
Davie FLA 33324

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

Louis Gustetic

Required Signature/Registered Agent

2/10/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Louis Gustetic

Required Signature/Incorporator

2/10/11
Date