## 116000008013

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	·	
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ATTORNEYS AT LAW

CHARLES M. PIGOTT E:cmp@pigott-law.com | JEREMY H. PIGOTT E:jhp@pigott-law.com | W. MATTHEW KEARCE E:wmk@pigott-law.com

August 2, 2016

Division of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Via Felex

Re: Recover America, LLC

Dear Sir/Madam:

Enclosed herewith please find the following:

- 1. Cover Letter from Recover America, Inc.
- 2. Article of Incorporation for Recover America, Inc.
- 3. Letter from Peter J. Julius, dated July 28, 2016
- 4. Check in the amount of \$70.00 made payable to Department of State

Please advise if you have any questions.

Sincerel

CMP/dan

Main Office: 824 U.S HWY One, Suite 320 North Palm Beach Fl. 33408

Satellite Office: 3601 W. Commercial Blvd, Suite 31 Fort Lauderdale, FL 33309

## Peter J. Julius 900 Osceola Drive, Suite 223 West Palm Beach, Florida 33409

July 28, 2016

Division of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314 Via U.S. Mail

SECRILARY OF STATE
TALL / SSEET SERIOA

Re: Recover America, Inc.

Dear Sir/Madam:

I, Peter J. Julius, an authorized member of the voluntarily dissolved LLC, Recover America, LLC (Documents Number L16000048065), have no intention of reinstating the name "Recover America, LLC". I am releasing the name to Martin Mobarak to form a new corporation.

Sincerely,

Peter J. Julius

## **COVER LETTER**

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

	(PROPOSED CORPO	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
osed is an original	and one (1) copy of the Art	icles 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	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Charles M. Pigott	ne (Printed or typed)		
	824 U.S. Highway One, Suite 320			16 A
	North Palm Beach, FL 33408	Address	_	AUG -4
	City, State & Zip 561-842-4922		_	PH 12: 1
		me Telephone number	_	

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	I PRINCIPAL OFFICE				
	Principal street address:		Mailing address, if different is:		
900	Osceola Drive, Suite 223			_ <del></del> .	
We	est Palm Beach, FL 33409				
4 <i>RTICLE I</i> The purpose	II PURPOSE  for which the corporation is organized	d is:			
receiv suital relap prima affect all is	ver America's mission is multifacet ve treatment through subsidizing. The businesses and hire people in rese. The goal is to provide a job, soor goal of Recover America is to rested by the severity of the current of lost if we unite and use all of our feet festivals and ultimately be an every many the control of the current of the cur	Another goal with a porecovery to work in the cial skills, life skills, and aise awareness in the gdrug epidemic. Recoverorces, we can make a dent all on our own.	rtion of the donations would be m. This will help reduce the high guidance with cognitive choices eneral populous and the familie. America is designed to inspire fifference. We will be attending a	to buy her rate of s. The third s of those hope. Not	
		to mannor in which the tall	ectors are elected and appointed:		
	/ INITIAL OFFICERS AND/OR L	DIRECTORS	Sylvia Miklos VP S & D	16	
iame and T	/ INITIAL OFFICERS AND/OR L	DIRECTORS  Name and Title	Sylvia Miklos VP S & D	16 NUG	
lame and T	INITIAL OFFICERS AND/OR L itle: Martin Mobarak, P & D	DIRECTORS	Sylvia Miklos, VP, S & D	16 NUG  -4	
Name and T	itle: Martin Mobarak, P & D	DIRECTORS  Name and Title	Sylvia Miklos, VP, S & D 11035 Legacy Boulevard	16 NUG T4 PHI	
Name and T	itle: Martin Mobarak, P & D  1112 Coral Way  Riviera Beach, FL 33404	DIRECTORS  Name and Title Address:	Sylvia Miklos, VP, S & D  11035 Legacy Boulevard  Apt. 103  Palm Beach Gardens, FL 33410	16 NUG T4 PH 12: 1	
Name and T	itle: Martin Mobarak, P & D  1112 Coral Way  Riviera Beach, FL 33404	DIRECTORS  Name and Title Address:  Name and Title	Sylvia Miklos, VP, S & D  11035 Legacy Boulevard  Apt. 103  Palm Beach Gardens, FL 33410	16 NUG - 4 PH 12: 1 1	
Name and T	itle: Martin Mobarak, P & D  1112 Coral Way  Riviera Beach, FL 33404	DIRECTORS  Name and Title Address:	Sylvia Miklos, VP, S & D  11035 Legacy Boulevard  Apt. 103  Palm Beach Gardens, FL 33410  Denise Nay, T	16 NUG   4   PH   2:   1	
Name and T	itle:  Martin Mobarak, P & D  1112 Coral Way  Riviera Beach, FL 33404  itle:	Name and Title Address:  Name and Title Address:  Address:	Sylvia Miklos, VP, S & D  11035 Legacy Boulevard  Apt. 103  Palm Beach Gardens, FL 33410  Denise Nay, T  16627 81st Street North  Loxnhatchec, FL 33470	16 NUG   4   PH 12: 11	
Name and Ti	itle:  Martin Mobarak, P & D  1112 Coral Way  Riviera Beach, FL 33404  itle:	Name and Title Address:  Name and Title Address:  Name and Title Address:	Sylvia Miklos, VP, S & D  11035 Legacy Boulevard  Apt. 103  Palm Beach Gardens, FL 33410  Denise Nay, T  16627 81st Street North  Loxnhatchec, FL 33470	16 NUG -4 PH 12: 111	
ARTICLE V Name and T Address Name and T Address Name and T	itle:  Martin Mobarak, P & D  1112 Coral Way  Riviera Beach, FL 33404  itle:  Deborah Perkins, D	Name and Title Address:  Name and Title Address:  Address:	Sylvia Miklos, VP, S & D  11035 Legacy Boulevard  Apt. 103  Palm Beach Gardens, FL 33410  Denise Nay, T  16627 81st Street North  Loxahatchee, FL 33470	16 NUG T-4 PH 12: 111	

Name and Title:_		Name and Title:			_	
Address '_		_ Address:			_	
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Name and Title:		Name and Title:	. <u> </u>		_	
Address _		_ Address:	- x		_	
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_		_	<u> </u>		_	
	REGISTERED AGENT					
The <u>name and Fl</u>	lorida street address (P.O. Box NOT acce	eptable) of the registered i	agent is:			
Name:	Martin Mobarak					
Address:	1112 Coral Way					
	Riviera Beach, FL 33	404_			; On 72≈	TAE:
					AUG.	10 (100 - (100 - 100
	INCORPORATOR Idress of the Incorporator is:				<u></u>	
The mame and ac	Charles M. Pigott				PH	
Name:					50	
Address:	824 U.S. Highway One, Suite 320			12: 1	22 N	
	North Palm Beach, FL 334	08				
	EFFECTIVE DATE: other than the date of filing:	. (	OPTIONAI	<i>.</i> )		
(If an effective dafter the filing.)	late is listed, the date must be specific a	nd cannot be more that	ı five busin	ess days prior or 90	) busin	ess days
	inserted in this block does not meet the a		requiremen	ts, this date will not	be liste	ed as the
	med as registered agent to accept service familiar with and accept th <u>e appoi</u> ntment				e desig	mated in this
V				1 str0-	2C-	20 K
	Required Signature of Registered	d Agent		Date	<u> </u>	<u>0</u> -/ <b>3</b>
	ument and affirm that the facts stated her at of State constitutes a third degree folon					_
	ا را			7)	7_E	مارا (
لائب	Required Signature of Inco	rporator		——/Dat		166
				,		