

P12000008114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/24/12

COVER LETTER

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

SUBJECT: DOMESTICATION OF THRIVE!! INCORPORATED

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

\$137.50

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

DOLLY M. GARLO, PRESIDENT
Name (printed or typed)

819 PEACOCK PLAZA #590
Address

KEY WEST, FL 33040
City, State & Zip

775-370-6442
Daytime Telephone Number

dmgarlo@AllThrive.com
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, DOLLY M. GARLO, PRESIDENT,
(Name) (Title)

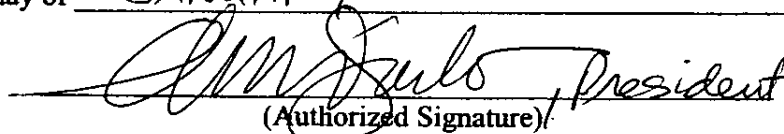
of THRIVE!! INCORPORATED a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was MAY 25, 1999.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was THE STATE OF NEVADA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was THRIVE!! INCORPORATED.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is THRIVE!! INCORPORATED.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was THE STATE OF NEVADA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of THRIVE!! INCORPORATED

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 14TH day of JANUARY, 2012.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

PLUS - CERTIFICATE OF STATUS 8.75
TOTAL \$137.50

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

THRIVE!! INCORPORATED

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

819 PEACOCK PLAZA #590
KEY WEST, FL 33040

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO ENGAGE IN ANY LAWFUL ACTIVITY.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

TWENTY-FIVE THOUSAND (25,000) SHARES OF VOTING
COMMON STOCK WITH NO PAR VALUE, AND NO OTHER
CLASS OF STOCK SHALL BE AUTHORIZED.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

DOLLY M. GARLO, BOARD CHAIR, PRESIDENT,
TREASURER & SECRETARY
819 PEACOCK PLAZA #590
KEY WEST, FL 33040

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

ROBERT S. KEELEY
819 PEACOCK PLAZA #590
KEY WEST, FL 33040

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

DOLLY M. GARLO
819 PEACOCK PLAZA #590
KEY WEST, FL 33040

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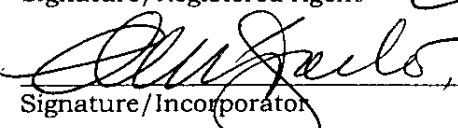
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

01/14/2012

Date



Signature/Incorporator

01/14/2012

Date