NKC0011191

(Requestor's Name)					
(Address)					
۶۰ (Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

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The Recovery Network today

COVER LETTER

Division of Corporations
SUBJECT: The Recovery Network Today Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Prefit Corporation" in accordance with s. 607.1113, F.S. Non Profit Please return all correspondence concerning this matter to:
Right M. Scott Contact Person
The Recovery Network Today
POBOX 1074 Address
Valrico, FC 33595 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Ruth M Subt
Enclosed is a check for the following amount:
□\$105.00 Filing Fees and Certificate of Status □\$113.75 Filing Fees and Certificate Of Status □\$122.50 Filing Fees □\$122.50 Filing Fee
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Othe Business Entity" into a Florida Profit Corporation in accordance with s. 667.111.5, Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
The Recovery Network Today LLC Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
01 3 29 2016
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now
organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

Page 1 of 2

Signed this 18 day of October 20 18					
Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman, Director Officer or if Directors or Officers have not been selected, an Incorporator: Printed Name: Vice Chairman, Director Officer or if Directors or Officers have not been selected, an Incorporator: Vice President					
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(5).]				
Signature: Water Wall					
Printed Name: Pith MScott Title: VP	-				
Signature: Mulican The					
Printed Name: Mary Scott Title	-				
Signature: ANHAN SAGOTA ONOL					
Printed Name: Cynthia Taylor Dixonie Jua/Sec					
Signature:					
Printed Name:Title:					
Signature:					
Printed Name:Title:					
Signature:					
Printed Name: Title:					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.] <u> </u>				
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	AH 10: 0"				
All others: Signature of an authorized person.	a				
Fees: Certificate of Gonversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00 Certified Copy: \$8.75 (Optional) Certificate of Status: \$8.75 (Optional)					

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

The name of	f the corporation shall be: The Kec	overy	Network	Toda	4 Inc.
ARTICLE	•	1			
(0)	Principal <u>street</u> address: 2406 SR (20E #10	7 <u>4</u>	Mailing address, i		4
7	alripo, FC 335	95_	Valrico,	デレ 3	3595
_		<u>`</u>			
The purpose	II PURPOSE for which the corporation is organized is: TO JESUS Christ H	o prom	note the	<u>C70s</u>	pel
			sally with		stian
	ramming and to				
404	the communities	and c	hurche	_ 	
		 :			
<u>ARTICLE II</u>	MANNER OF ELECTION The manner i	n which the direct	tors are elected and appo	inted: Ap	pointed
ARTIÇLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS			_
Name and Ti	D 11 2000 11 10	_			
Address	2404 SR 40 E#1074				-
	Valrico, FC 33595	_			•
		_			
Name and Tit	e: Mark Scott-P,	Name and Title:			
Address		Address:			
	Valvico, FC 33595				() () () () () () () () () ()
					-
ame and Tit!	Centher Taylor ?	ame and Title:	2S . 		<u>ය</u>
ddress		.ddress:	· - · · · · · · · · · · · · · · · · · · ·		Airlio
	Valvico, te 33595	_			Ü.

Name and Title:	Name and Thie:	
Address	Address:	
		
Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGES	AIT.	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: Ruth	M Switt	E
Address: 2404 S1	R40 E #1074	007
Valvice), FC 33595	- · · · · · · · · · · · · · · · · · · ·
APTICLE VII INCORPOR TOO		\$ 00 C
ARTICLE VII INCORPORATOR The name and address of the Incorporate	tor is:	
Name: Ruth	n Scott	ري ه م ن
Address: 2406 S	RLOE #1074	
1 / ()), FC 33595	
ARTICLE VIII EFFECTIVE DATE:	Social 20008	
Effective date, if other than the date of fi (II an effective date is listed, the date n	iling: September 30, 201 goptions must be specific and cannot be more than five days	AL) Drior or 90 days after the filing)
		•
Note: If the date inserted in this block de document's effective date on the Departm	oes not meet the applicable statutory filing requiremement of State's records	nts, this date will not be listed as the
Having been named as registered agent	to accept service of process for the above stated co.	rporation at the place designated in this
A 11 K AL	the appointment as registered agent and agree to act	in this capacity
Required Signs	ature of Registered Agent	10/18/18
submit this document and affirm that th	he facts stated heroin are true I am august	ilse information submitted in a document
of State Constitutes a th	hird despee felony as provided for in s.817.155, F.S.	
Required S	Signature of Incorporator	10/18/18
	•	· · · Date