

P05000082290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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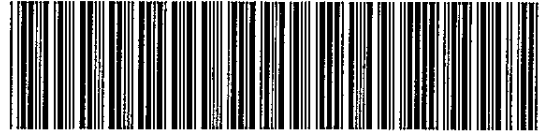
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN -6 AM 10:44

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6/18/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: Global Recovery Centers, 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: Fred Gruen

Name (Printed or typed)

8976 W. Flagler Street #1

Address

Miami, FL 33174

City, State & Zip

954-483-1772

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:

Global Recovery Centers, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8976 W. Flagler Street #1, Miami, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Funding of Recovery Centers Internationally

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Fred Gruen, 8976 W. Flagler Street #1, Miami, FL 33174 President

Kenneth L. DaCosta, 8976 W. Flagler Street #1, Miami, FL 33174 Vice President

ARTICLE VI REGISTERED AGENT

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

Fred Gruen, 8976 W. Flagler Street #1, Miami FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Fred Gruen, 8976 W. Flagler Street #1, Miami, FL 33174

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

Signature/Incorporator

FILED

05 JUN -6 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/1/05

Date

6/1/05

Date