# P0900015476

(Rec	questor's Name)	
(Address)		
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	٠	

Office Use Only



700143850517

02/18/09--01014--004 \*\*105.00

NO PER 18 PM 3: 35

TO ACCUPATION OF THE ACCUPATIO

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

B. KOHR

FEB 1 8 2009

**EXAMINER** 

# CORPORATE ACCESS, INC.

### AWhen you need ACCESS to the world $\cong$

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7056)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN	
	PICK UP: 2/18/09 Emily	
	CERTIFIED COPY	09 FEB   F1
図	РНОТОСОРУ	B 18 FILE
	CUS	H 2 3 0
Ø	FILING Conversion	ORIDA 35
l <b>.</b>	CORPORATE NAME AND DOCUMENT #)	
2.		
	(CORPORATE NAME AND DOCUMENT #)	
3.	(CORDODANIA MILANDA DOCUMENTU II)	
	(CORPORATE NAME AND DOCUMEN'T #)	
1.	(CORPORATE NAME AND DOCUMENT #)	
5.		
•	(CORPORATE NAME AND DOCUMENT #)	
ő <b>.</b>		
	(CORPORATE NAME AND DOCUMENT #)	
SPECIA	L INSTRUCTIONS:	
	· · · · · · · · · · · · · · · · · · ·	

### 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 "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immedia	tely prior to the filing of this Certificate
of Conversion is:	
Recovery Nation, LLC	1-070WD96
(Enter Name of Other B	isiness Entity)
2. The "Other Business Entity" is a limited liability con	
(Enter entity type. Example: limited liability proprietorship, general partnership, com	
first organized, formed or incorporated under the law	s of Florida
(Enter state, or if a non-U.S. entity,	the name of the country)
on 9-24-2007 (Enter date "Other Business Entity" was first	
(Enter date "Other Business Entity" was first	organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" v laws of which it is now organized, formed or incorpo	
4. The name of the Florida Profit Corporation as set	orth in the attached Articles of
Recovery Nation Live, Inc.	
(Enter Name of Florida Pro	fit Corporation)
5. If not effective on the date of filing, enter the effective	tive date: February 2, 2009
(The effective date: 1) cannot be prior to nor more	than 90 days after the date this
document is filed by the Florida Department of Sta	ite; AND 2) must be the same as the
effective date listed in the attached Articles of Inco therein.)	rporation, if an effective date is listed

Signed this 30 day of January	, 20 <u>09</u> .
Required Signature for Florida Profit Corpora	tion:
Signature of Chairman Vice Chairman Director	Officer or if Directors or Officers have not
Signature of Chairman, Vice Chairman, Director, been selected, an Incorporator: Glenn R. Gronlund	officer, or, it directors or officers have not
Printed Name: Glenn R. Gronlund	Incorporator
Timed Name.	
Required Signature(s) on behalf of Other Busines	s Entity: [See below for required
signature(s).]	<del></del>
Signature:	
Signature: Printed Name: Glenn R. Gronlund	Marshar Marshar
Glenn R. Gronlund is a member of RECOVE	I III6: Interriber
	•
Signature: and a director of RECOVERY NAT Printed Name:	Title:
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signoturo:	
Signature: Printed Name:	Title
Timod Ivanio.	
Signature:	
Signature: Printed Name:	Title:
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida I imited Doutnowhin on I imited I inhili	to I incided Dente could:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership;
Signatures of ADD Ocheral Fathers.	
If Florida Limited Liability Company:	
Signature of a Member or Authorized Representative	) <b>.</b>
All others:	
Signature of an authorized person.	
Eage	
Fees: Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$35.00 \$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)
Continued of Dualing.	ψοιτο (Optional)

#### 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:

Recovery Nation Live, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1990 NE 163rd Street, Suite 104
North Miami Beach, FL 33162



#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose authorized in law.

#### ARTICLE IV SHARES

The number of shares of stock is: 20,000,000 (Twenty Million Shares)

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Glenn R. Gronlund, 3300 NE 192 Street, Apt. 912, Parc Central Aventura, Aventura, FL 33180, Director John W. Puente, 1965 Alton Road, South Beach, FL 33139, Director

#### ARTICLE VI REGISTERED AGENT

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

Glenn R. Gronlund, 3300 NE 192 Street, Apt. 912, Parc Central East Aventura, Aventura, FL 33180

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Glenn R. Gronlund, 3300 NE 192 Street, Apt. 912, Parc Central East Aventura, Aventura, FL 33180

Having been named as registered agent to accept service of p designated in this certificate, I am familiar with and accept the a	rocess for the above stated corporation at the place oppointment as registered agent and agree to act in the
apacity	
3	January 30, 2009
Signature/Registered Agent	Date
	January 30, 2009
Signature/Incorporator	Date