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(Re	(Requestor's Name)		
(Ad	dress)	 	
(Address)			
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Name)		
(33	iomodo Emaiy Marrio,		
		 	
(Do	ocument Number)		
Certified Copies	_ Certificates of	Status	
Consisting the state of the	Eller Officer	<u> </u>	
Special*Instructions to	Filing Officer:	l	

Office Use Only



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COVER LETTER

	ng Section of Corporations				
	ell Nation Internation	onal Inc			
SUBJECT:		f Resulting Flori	da Profit	Corporation	
	icles of Conversion, Articles rida Profit Corporation" in ac			are submitted to convert the follows 33 & 607.0202, F.S.	ing eligible
Please return all o	correspondence concerning th	is matter to:			
Patrick Tro	otter				
	Contact Person				
Well Natio	n Ltd				
	Firm/Company				
405 Fifth A	Avenue Suite 7				
	Address				
Naples Flo	orida 34102				
	City, State and Zip Co	de			
_	R@WELLNATION		<u> </u>		
E-mail addı	ress: (to be used for future and	nual report notifi	cation)		
	mation concerning this matter	-			
Patrick J T		_ _{at (} 920)	79264	
Namo	e of Contact Person	Area	Code and	I Daytime Telephone Number	
Enclosed is a che	eck for the following amount:				
□ \$105.00 Filing	g Fees □\$113.75 Filing Fee and Certificate of Status	s □\$113,75 Fil and Certified	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Fil	Address: ing Section of Corporations x 6327		New I Divisi	Address: Filing Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



January 6, 2022

PATRICK TROTTER 405 5TH AVE STE 7 NAPLES, FL 34102

SUBJECT: WELL NATION INC Ref. Number: W21000136004

We have received your document for WELL NATION INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 021A00024872

www.sunbiz.org

" " " .5unbiz.org

Articles of Conversion For

Converting Eligible Entity Into

Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion i	s:
Well Nation Ltd	
Enter Name of the Converting Entity	_•
2. The converting entity is a Sub -S Corporation	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	
first organized, formed or incorporated under the laws of Wisconsin	
(Enter state, or if a non-U.S. entity, the name of the country)	
on November 11th 2003	
Enter date "Converting Entity" was first organized, formed or incorporated.	
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporatio</u> Well Nation International Inc	<u>n;</u>
Enter Name of Florida Profit Corporation	
4. This conversion was approved by the eligible converting entity in accordance with this chapter an current/organic jurisdiction.	d the laws of its
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 days after the date this document is Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	
	855
	- 53 - 71

Signed	this 3rd day of Febuary	, 20 <mark>22</mark>	
Requir	ed Signature for Florida Profit Corporation:		
Signatu	re of Director Officer, or if Directors or Office	ers have not been selected, an Incorporator:	
Printed	Name: Patrick Trotter Title: Pres	sident and CEO	
	red Signature(s) on behalf of Converting Flor	ida partnerships, limited partnerships, a	nd limited liability
compa	nies: [See below for required signature(s).]		
Signatu Printed	Name: Patrick Trotter	Title: President and CEO	
Signatu	ire:		
Printed	Name:	Title:	
Signatu	ıre:		
Printed	Name:	Title:	
Signatu	ıre:		
Printed	Name:	Title:	
Signatu	ire:		
Printed	Name:	Title:	-
Signatu	ire:		
Printed	Name:	Title:	
	ida General Partnership or Limited Liability are of one General Partner.	Partnership:	
	ida Limited Partnership or Limited Liability ires of <u>ALL</u> General Partners.	Limited Partnership;	
	ida Limited Liability Company: are of a Member or Authorized Representative.		
All oth Signatu	ers: are of an authorized person.		
Fees:	Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Well Nation International Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 405 Fifth Avenue Suite 7 Naples Florida 34102 ARTICLE III PURPOSE The purpose for which the corporation is organized is: **Providing Wellness Services Internationally** ARTICLE IV SHARES The number of shares of stock is: 4,500,000 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Patrick Trotter Name and Title: 21726 Baccarat Lane Address: Address: Estero Florida 33928 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

The name	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	Patrick Trotter	
Address:	405 Fifth Avenue Suite 7	
	Naples Florida 33928	
	en named as registered agent to accept service of procate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated i as registered agent and agree to act in this capacity
(Febuary 3rd 2022
	Required Signature/Registered Agent	Date

ARTICLE VI REGISTERED AGENT