

POS 000134586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

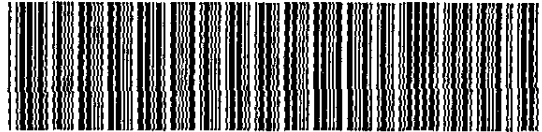
(Business Entity Name)

(Document Number)

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05 OCT -3 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Worrell*

1. Burch OCT 04 2005

**COVER LETTER**

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

**SUBJECT:** To Your Health PA

(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:** Ana Warren

Name (Printed or typed)

6116 Caracara street

Address

Sarasota, Florida 34241

City, State & Zip

941-922-6417, cp 941-374-5596

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 23, 2005

ANA WARREN  
6116 CARACARA STREET  
SARASOTA, FL 34241

SUBJECT: TO YOUR HEALTH PA  
Ref. Number: W05000044163

We have received your document for TO YOUR HEALTH PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

Please return the original and one copy of 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) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 805A00058349

# 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:

~~To Your Health PA~~ **Learn and Live PA**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6116 Caracara Street  
Sarasota, Florida 34241

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Diabetes Consultant and Education  
ARNP, CDE

Lic# 1528232  
Advanced Registered Nurse  
practitioner  
Certified Diabetes Educator

## ARTICLE IV SHARES

The number of shares of stock is: **one**  
~~not applicable~~

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ana Warren

## ARTICLE VI REGISTERED AGENT

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

Ana Warren  
6116 Caracara Street  
Sarasota, Florida 34241

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ana Warren  
6116 Caracara Street  
Sarasota, Florida 34241

\*\*\*\*\*  
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

Ana Warren  
Signature/Registered Agent

9/19/05  
Date

Ana Warren  
Signature/Incorporator

9/19/05  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA