

PO6000148979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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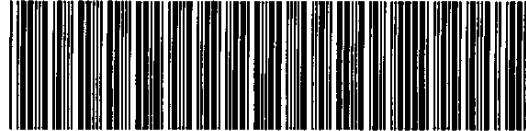
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 01 2006

## COVER LETTER

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

SUBJECT: HEALTHY STIRS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: MICHAEL A. CREARY

Name (Printed or typed)

4930 NW 91ST TERRACE

Address

SUNRISE, FLORIDA 33351

City, State & Zip

(954) 448-4758

Daytime Telephone number

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TALLAHASSEE, FLORIDA

**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:

HEALTHY STIRS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4930 NW 91ST TERRACE  
SUNRISE, FL 33351

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ALL LEGAL BUSINESS IN THE STATE OF FLORIDA

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SEE ATTACHED

## ARTICLE VI REGISTERED AGENT

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

MICHAEL A. CREARY  
4930 NW 91ST TERRACE  
SUNRISE, FL 33351

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL A. CREARY  
4930 NW 91ST TERRACE, FL 33351

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\*\*\*\*\*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

Listed below are names, addresses, and titles of Officers/Directors for Healthy Stirrs, Inc.

PRESIDENT: Michael A. Creary  
4930 NW 91<sup>st</sup> Terrace Sunrise Florida 33351

VICE PRESIDENT: Violet A. Creary  
4930 NW 91<sup>st</sup> Terrace Sunrise, Fl 33351

TREASURER: Kevin Creary  
4930 NW 91<sup>st</sup> Terrace Sunrise, Fl 33351

SECRETARY: Denise Pile  
455 S. Pine Island Rd. Apt. 105C Plantation, Fl 33324

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