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07 MAY 16 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3.000000 MAY 17 2007

COVER LETTER

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

SUBJECT: Healthy Endeavors 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: John M. Albrecht
Name (Printed or typed)

193 Nettles Blvd.
Address

Jensen Beach, Florida 34957
City, State & Zip

772-446-0666
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: *Healthy Endeavors Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *193 Nettles Blvd
Jensen Beach, FL 34957*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *The sale of products*

ARTICLE IV SHARES

The number of shares of stock is: *1 share*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

John Albrecht
193 Nettles Blvd.
Jensen Beach, FL 34957

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Albrecht
193 Nettles Blvd.
Jensen Beach, FL 34957

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

John Albrecht

Signature/Registered Agent

5-5-2007

Date

John Albrecht

Signature/Incorporator

5-5-2007

Date

07 MAY 16 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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