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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

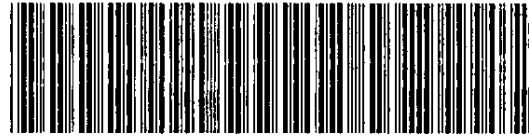
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 FEB 24 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers FEB 28 2011

COVER LETTER

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

SUBJECT: EMERGE Psychotherapy & Health Services, 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: Nancy G. Trusz
Name (Printed or typed)

4421 NE 15 Way
Address

Ft. Lauderdale, FL 33334
City, State & Zip

954 770-8176
Daytime Telephone number

① nmerge@yahoo.com
② trusznancy@yahoo.com
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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: EMERGE Psychotherapy & Health Services, Inc

EIN # 32-0333047

ARTICLE II PRINCIPAL OFFICE

Principal street address

1420 E. Oakland Park Blvd
Suite 201
Ft. Lauderdale, FL 33334

Mailing address, if different is:

4421 NE 15 Way
Ft. Lauderdale, FL
33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide psychotherapy and health care services

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy G. Trusz, President
Address: 4421 NE 15 Way
Ft Lauderdale FL
33334

Name and Title: Terry Varraso Treasury
Address: 4421 NE 15 Way
Ft Lauderdale, FL
33334

Name and Title: Nancy G. Trusz, Secretary
Address: 4421 NE 15 Way
Ft Lauderdale FL
33334

ARTICLE VI REGISTERED AGENT

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

Name: Nancy G. Trusz
Address: 4421 NE 15 Way
Ft Lauderdale, FL 33334

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy G. Trusz
Address: 4421 NE 15 Way
Ft. Lauderdale, FL 33334

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

Nancy G. Trusz
Required Signature/Registered Agent

2/22/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nancy G. Trusz
Required Signature/Incorporator

2/22/2011
Date

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TALLAHASSEE, FLORIDA