F21000002769

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
W7-10	000C	36730





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5/19/21

COVER LETTER

TO: Registration Section **Division of Corporations**

True Pursuit Psychological Services, PC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerni	ng this matter to	o the following:
Angie Rumaldo		
	Name of Pe	erson
True Pursuit Psycholog	jical Serv	vices, PC
	Firm/Compa	any
2860 Bailey Avenue Su	uite 1A	
	Address	3
Bronx, NY 10463		
	City/State and	Zip code
info@true-pursuit.com		
E-mail address	: (to be used for	future annual report notification)
For further information concerning this m	atter, please cal	1:
Angie Rumaldo	_{ar} 914	573-5380
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS	S:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	•	P.O. Box 6327 Tallahassee, FL 32314
7410 14 Monnoc Onecl, Only 010	,	1 a11a11a55CC, FL 32314

Enclosed is a check for the following amount:

Tallahassee, FL 32303

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$78.75 Filing Fee & □ \$70.00 Filing Fee Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy

■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TRUE PURSUIT F	PSYCHO	OLOGICAL SE	ERVICES, P.C.
		must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpo" Certificate of Existence." or "Certificate of above referenced foreign corporation to trans	Good Standi	ng" and check are subr	
Please return all correspondence concerning	this matter to	the following:	
Angie Rumaldo			
	Name of Pe	rson	
TRUE PURSUIT PSYCHO	LOGICA	AL SERVICES	S, P.C.
	Firm/Compa	any	
2860 Bailey Avenue STE 1	Α		
Bronx, NY 10463	Address		
	ity/State and	l Zip code	
Dr.rumaldo@true-pursuit.com		future annual report ne	otification)
For further information concerning this matter		·	
Angie Rumaldo at	347	268-1231	·
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the following amoun Please make check payable to: FLORIDA DEPA S70.00 Filing Fee S78.75 Filing F Certificate of S	ARTMENT O ee & □ \$	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy Lyalready paid & Cashed by Plorid

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TRUE PUI	RSUIT PSYCHOLOGICAL SE	RVICES, P.C. (_() CP
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
		~ / ·
(If name unavaila	ible in Florida, enter alternate corporate name a	idopted for the purpose of transacting business in Florida)
, New York		45-4783271 (FEI number, if applicable)
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 03/09/201		
(Date	of incorporation)	(Date of duration, if other than perpetual)
6	(Date first transacted business in	Elorido if prior to posistration)
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability)
7. 140 South	Beach Street Suite 310 Da	ytona Beach FL 32114
7004 41 0	•	ce <u>street</u> address)
7901 4th S	St N STE 300 St. Petersburg	FL 33/UZ g address, if different)
	(Curent mann)	g address. It different)
8. Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)
Name:	Registered Agents Inc.	
Office Address:	7901 4th St N STE 300	
	St. Petersburg	. Florida 33702
	(City)	Florida 33702 (Zip code)
designated in this further agree to co	ed as registered agent and to accept service application, I hereby accept the appointm	se of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my duties sition as registered agent.
	Bel Hame	
	(Registered agent's si	gnature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

: .					
A. DIRECTORS					
□Chairman	Name: Angie Rumaldo	□ Chairman	Name:		
□Vice Chairman	Address: 17 Sherman Avenue	□Vice Chairman	Address:		
□Director	Yonkers, NY 10705	Director		·	
President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	□Other	Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director			
President		President			
□Vice President		□Vice President	<u> </u>		
□Secretary	□Treasurer	□Secretary		☐Treasurer	
Other	Other	Other	<u>.</u>	□Other	
		5			
□ Chairman	Name:	□Chairman		,	
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□ Treasure r	Secretary		□Treasurer)	
□Other		Other		Other	
	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departr			ourposes only. Non-indexed	
12.	Signature of Director	r or Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of					

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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.

13. Angie Rumaldo, President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TRUE PURSUIT PSYCHOLOGICAL SERVICES, P.C. was filed on 03/09/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of February two thousand and twenty-one.

Braden C Hylen

Brendan C. Hughes Executive Deputy Secretary of State

202102250429 * HW



March 18, 2021

ANGIE RUMALDO 2860 BAILEY AVE STE 1A BRONX, NY 10463 US

SUBJECT: TRUE PURSUIT PSYCHOLOGICAL SERVICES, PC

Ref. Number: W21000036330

We have received your document for TRUE PURSUIT PSYCHOLOGICAL SERVICES, PC_and_your_check(s)_totaling=\$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

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) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 721A00005782

RECEIVED