

P11000019431

(Requestor's Name)

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(City/State/Zip/Phone #)

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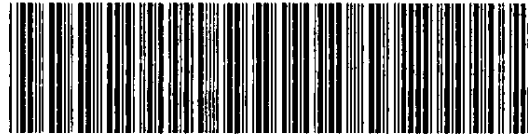
(Business Entity Name)

(Document Number)

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

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

FILED

10:00am 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)

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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 # 32-033347

## 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: <u>Nancy G. Trusz, President</u>	Name and Title: _____
Address: <u>4421 NE 15 Way</u>	Address: _____
<u>Ft Lauderdale FL</u>	_____
<u>33334</u>	_____

Name and Title: <u>Terry Varraso Treasury</u>	Name and Title: _____
Address: <u>4421 NE 15 Way</u>	Address: _____
<u>Ft Lauderdale, FL</u>	_____
<u>33334</u>	_____

Name and Title: <u>Nancy G. Trusz, Secretary</u>	Name and Title: _____
Address: <u>4421 NE 15 Way</u>	Address: _____
<u>Ft Lauderdale FL</u>	_____
<u>33334</u>	_____

## 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  
M.D. 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

FILED  
2011 FEB 24 AM 11:50  
CLERK OF THE  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA