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**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**  
Division of Corporations  
Fax Number : (850) 617-6381

**From:**  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
RULLO PSYCH ASSOCIATES INC.**

Certificate of Status	0
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Page Count	04
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MRB 8/27/13

### COVER LETTER

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

**SUBJECT:** Rullo Psych Associates 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:** Diane Rullo

Name (Printed or typed)

7800 West Sands Lake Road, Suite 207

Address

Orlando, FL 32819

City, State & Zip

(407) 455-1347

Daytime Telephone number

rullopsychassoc@aol.com

E-mail address: (to be used for future annual report notification)

**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)

**FILED**

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**ARTICLE I NAME** Rullo Psych Associates Inc.  
The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

7800 West Sands Lake Road

Suite 207

Orlando, FL 32819

**ARTICLE III PURPOSE** Business management services  
The purpose for which the corporation is organized is:

**ARTICLE IV SHARES** 2,000 shares at \$.001  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Diane Rullo-Director  
Address: 7800 West Sands Lake Road  
Suite 207  
Orlando, FL 32819

Name and Title: Diane Rullo-President  
Address: 7800 West Sands Lake Road  
Suite 207  
Orlando, FL 32819

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(cont.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name:	National Registered Agents, Inc.
Address:	1200 South Pine Island Road
	Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:	Brent Buscay
Address:	9120 Double Diamond Parkway
	Reno, NV 89521

*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*

By: <u>National Registered Agents, Inc.</u>	08/23/2013
<u>Daniela Byers - Asst. Secretary</u>	_____
Required Signature/Registered Agent	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.*

<u>Brent Buscay</u>	8/23/2013
Required Signature/Incorporator	Date
Brent Buscay, Incorporator	