P16000087886

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NOV - 3 2016

COVER LETTER

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

SUBJECT: Trun Therapy, 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: Heidi Trun
Name (Printed or typed)

3561 Corrigan Court
Address

Lake Worth, FL 33461
City, State & Zip

561-632-66666
Daytime Telephone number

heidi.trun@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

11/1/16

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TALLAHASSEE, FLORIDA

To Whom it may Concern -

*We have no intention of reinstating the P15000 21400 Number. We would like to use it for this Corp. True Therapy Inc. EIN# 47-3330777

Thank you.

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: Truu Therapy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

3561 Corrigan Court
Lake Worth, FL 33461

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Health Care

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heidi Truu, President
Address 3561 Corrigan Court
Lake Worth, FL 33461

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: FILED

Address _____ Address: 2016 OCT 31 AM 8:22

_____ SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____

ARTICLE VI REGISTERED AGENT

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

Name: Heidi Truu

Address: 3561 Corrigan Court
Lake Worth, FL 33461

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Heidi Truu

Address: 3561 Corrigan Court
Lake Worth, FL 33461

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/1/2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 11/1/16
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.

_____ 11/1/16
Required Signature/Incorporator Date