

P16000087886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

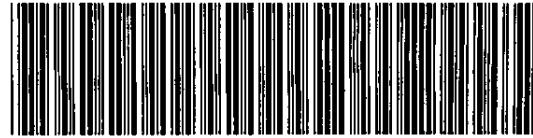
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/31/16--01023--026 **70.00

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2016 OCT 31 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV - 3 2016

COVER LETTER

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

SUBJECT: True 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	☐ \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Heidi Truu
Name (Printed or typed)

3561 Corrigan Court
Address

Lake Worth, FL 33461

561-632-6666
Daytime Telephone number

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

To Whom it may concern -

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2016 OCT 31 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* We have no intention of reinstating

the P150000 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

Mailing address, if different is:

3561 Corrigan Court
Lake Worth, FL 33461

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: Herdi Truu, President Name and Title: _____

Address: 3561 Corrigan Court Address: _____
Lake Worth, FL 33461

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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 Tray

Address: 3561 Corrigan Court
Lake Worth, FL 33461

ARTICLE VII INCORPORATOR

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

Name: Heidi Tray

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

Required Signature/Registered Agent

11/1/16
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.

Required Signature/Incorporator

11/1/16
Date