

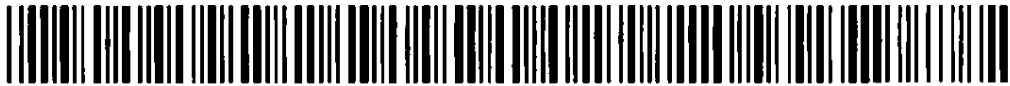
**P22000048367**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000206287 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : FOLEY & LARDNER  
Account Number : I19980000047  
Phone : (407)423-7656  
Fax Number : (407)648-1743

2022 JUN 14 AM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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REGISTRARS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Tru Home Services, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

HL

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## COVER LETTER

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

**SUBJECT:** Tru Home 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Nicholas Alberino  
Name (Printed or typed)  
902 Clint Moore Rd., Suite 146  
Address  
Boca Raton, FL 33487  
City, State & Zip  
561-789-0773  
Daytime Telephone number  
nicka@lab24inc.com  
E-mail address: (to be used for future annual report notification)

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

H22000206287 3

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**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: Tru Home Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>902 Clint Moore Rd, Suite 146</u>	<u></u>
<u>Boca Raton, FL 33487</u>	<u></u>
<u></u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000 shares of common

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

Name and Title: <u>Nicholas Alberino, Sr.- CEO</u>	Name and Title: <u>Nicholas Alberino, Jr. - President, Sec. &amp; Treasurer</u>
Address: <u>902 Clint Moore Rd., Suite 146</u>	Address: <u>902 Clint Moore Rd, Suite 146</u>
<u>Boca Raton, FL 33487</u>	<u>Boca Raton, FL 33487</u>
<u></u>	<u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nicholas Alberino, Jr

Address: 902 Clint Moore Rd., Suite 146

Boca Raton, FL 33487

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Nicholas Alberino, Sr

Address: 902 Clint Moore Rd., Suite 146

Boca Raton, FL 33487

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SECRETARY OF STATE

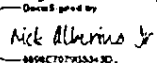
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

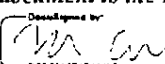
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*


 Nick Alberino Jr.
 6/13/2022

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.*


 Nicholas Alberino
 06-14-22

Required Signature/Incorporator
 Date

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