

****CORRECTED;** please honor
original submission date of
5/08/2024

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

****CORRECTED;** please honor
original submission date of
5/08/2024

**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.**

((H240001677173)))



H240001677173ABC2

**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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
PSYCHO ENTERPRISE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

****CORRECTED;** please honor
original submission date of
5/08/2024

****CORRECTED;** please honor
original submission date of
5/08/2024

RECEIVED

2024 MAY 13 PM 3:43

DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

T.J.H.

5/14/24

FILED



May 13, 2024

CAPITOL SERVICES, INC. 2ND FAX
FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: PSYCHO ENTERPRISE INC
REF: W24000072551

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Supervisor
New Filings Section

FAX Aud. #: H24000167717
Letter Number: 324A00010183

COVER LETTER

H24000167717

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

SUBJECT: Psycho Enterprise 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: Thomas Roche
Name (Printed or typed)
14 Penn Plaza Ste 1800
Address
New York, NY 10122
City, State & Zip
212 643-0099
Daytime Telephone number
troche@pragermetis.com
E-mail address: (to be used for future annual report notification)

FILED
MAY 08 AM 11:00
STATE
OF FLORIDA

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

H24000167717

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H24000167717

ARTICLE I NAMEThe name of the corporation shall be: Psycho Enterprise Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address777 Brickell Ave Suite 420
Miami, FL 33131

Mailing address, if different is:

14 Penn Plaza Ste 1800
New York, NY 10122**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: The corporation may engage in any activity or
business permitted under the laws of the United States and of the State of Florida.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Dylan Laube, PresidentAddress: 777 Brickell Ave Suite 420
Miami, FL 33131Name and Title: Dylan Laube, SecretaryAddress: 777 Brickell Ave Suite 420
Miami, FL 33131Name and Title: Dylan Laube, TreasurerAddress: 777 Brickell Ave Suite 420
Miami, FL 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

H24000167717

FILED

H24000167717

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: Thomas Smith
Address: 777 Brickell Ave Suite 420
Miami, FL 33131

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Thomas Roche
Address: 14 Penn Plaza Ste 1800
New York, NY 10122

FILED
NOV 08 AM 11:00
STATE
OF 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

/s/Thomas Smith 05/08/24
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.

/s/Thomas Roche 05/08/24
Required Signature/Incorporator Date

H24000167717