

1.) CORPORATION NAME: <b>D'ARELLI PRUZANSKY, P.A. INC. (USED IN VA BY:D'Arelli Pruzansky, P.A.)</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES INC          7288 HANOVER GREEN DR          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>FL</b>	DUE DATE: <b>8/31/2014</b> SCC ID NO: <b>F1938960</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 7280 W PALMETTO PALK RD STE 308N CITY/ST/ZIP: BOCA RATON, FL 33433
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSEPH D'ARELLI TITLE: DIRECTOR ADDRESS: 7280 W PALMETTO PALK RD STE 308N CITY/ST/ZIP/CO: BOCA RATON, FL 33433	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: MITCHELL PARRANSKY TITLE: DIRECTOR ADDRESS: 7280 W PALMETTO PELK RD STE 308N CITY/ST/ZIP/CO: BOCO RATON, FL 33433	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOSEPH D'ARELLI	JOSEPH D'ARELLI, DIRECTOR	11/10/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.