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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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W08-13022

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Ideal Innovations, Incorporated			
(Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," and check are submitted to register the transact business in Florida.			
Please return all correspondence concerning this matter to the fo	llowing:		
Judy Thomas			
(Name of Person)			
Ideal Innovations, Inc.			
(Firm/Company)			
4601 N. Fairfax Dr., Suite 1201			
(Address)			
Arlington, VA 22203			
(City/State and Zip o	ode)		
For further information concerning this matter, please call:			
Judy Thomas at (571) 480	0-5033		
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
New Filing Section Division of Corporations	New Filing Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
	Filing Fee & Section Status & Certificate of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2008

JUDY THOMAS 4601 N FAIRFAX DR SUITE 1201 ARLINGTON, VA 22203

SUBJECT: IDEAL INNOVATIONS, INC.

Ref. Number: W08000013022

We have received your document for IDEAL INNOVATIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Regulatory Specialist II New Filing Section

Letter Number: 308A00015155

RECEIVED

OB HAR 19 AM 8: 00

JINISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Ideal Innovations, Inc. I deal Innovations Inc	<i>'</i> br <i>(</i> b r)	ate	₫,	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			0	
Ideal Innovations Inc.				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busing	ness in Flo	irida)		
2. Virginia (State or country under the law of which it is incorporated) 3. 383391089 (FEI number, if applicable)	383391089			
# 1 1 - in	(FEI number, if applicable)			
4. 27 January 1998 5. PFRFTUAL				
(Date of incorporation) (Duration: Year corp. will cease to exist	or "perpeti	uai")		
6		 .		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
_{7.} 4601 N. Fairfax Dr., Suite 1201, Arlington, VA 22203				
(Principal office address)				
4601 N. Fairfax Dr., Suite 1201, Arlington, VA 22203		<u></u>		
(Current mailing address)		98 H		
8. Consulting	45.X.		ر د دات	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		<u></u>	原数	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	$\Xi_{\mathcal{I}}^{\infty}$		(C)'-'[
Name: Ashbe Phillips		·;:	ett i	
Office Address: 6400 Pelican Dr 5	▶	<u></u>	•	
Office Address. Q 77/10/10				
St Petersburg, Florida 33707 (City) (Zip code)				
10. Registered agent's acceptance:				
Having been named as registered agent and to accept service of process for the above stated corp	oration a	t the p	lace	
designated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relative to the proper and complete per	act in this formance	capac of m	ity. I duties.	
and I am familiar with and accept the obligations of my position as registered agent.	,	-,,	,	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: James Moran Address: 4601 N. Fairfax Dr., Suite 1201 Arlington, VA 22203 Vice Chairman: Address: Address: Director: _ **B. OFFICERS** President: Richard Syretz Address: 4601 N. Fairfax Dr., Suite 1201 Arlington, VA 22203 Vice President: Address: _ Secretary: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

14. Richard Syretz, Chief Financial Officer

(Signature of Director of Officer listed in number 12 of the application)

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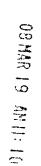
State Corporation Commission

I Certify the Following from the Records of the Commission:

Ideal Innnovations Incorporated is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is February 02, 1999.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: February 26, 2008

Clerk of the Commission