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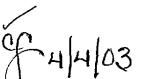
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TRANSMITTAL LETTER

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2003 MAR 31 PM 2: 48

TALLAHASSEE FLORIDA

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Subject

Ideal Expressions Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

☐ \$70.00 Filing Fee

⋈ \$78.75

Filing Fee

& Certified Copy

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate

(ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF Ideal Expressions Inc.

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida billias MARrolotation 2: 48 Act, hereby adopts the following articles of incorporation.

TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the Corporation shall be: Ideal Expressions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

460 Lakeview Drive, #4 Weston, Florida 33326

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 at \$0.01 par value per share.

ARTICLE IV INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Kim Villafane 460 Lakeview Drive #4 Weston, Florida 33326

Jim Hamby 108 Riverwalk Circle Sunrise, Florida 33326

Karen Anderson 8315 SW 42 Court Davie, Florida 33326

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Kim Villafane 460 Lakeview Drive, #4 Weston, Florida 33326

ARTICLE VI <u>INCORPORATOR</u>	,, ,
The name and address of the incorporator to these Artic	eles of Incorporation is:
Nellie Akalp	
30141 Agoura Rd., Suite 205	2003 MAR 31 PM 2: 48
Agoura Hills, California 91301	
	_SEUTE MINY UF STATE
	3. 15.03 TALLAHASSEE FLORIDA
Nellie Akalp, incorporator	Date
Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the apport capacity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and accept	intment as registered agent and agree to act in this statutes relating to the proper and complete
performance of my duties, and I am familiar with and accept	the obligations of my position as registered agent.
dia Villabana	3-28-03
Kim Villafane, Registered Agent	Date