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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	√

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02/05/10--01030--015 **122.50

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

Re: IDEAL CONCEPTS INTERNATIONAL

6157 Metrowest Blvd 205

Orlando, FL 32835

To Whom It May Concern:

I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation. [I reserved the above corporate name with your office pursuant to reservation #]______, dated 01/27/2010. Also enclosed is a check/money order in the amount of \$122.50 for payment of the following fees:

Filing Fee	\$ 35.00
Certified copy fee	52.50
Registered Agent fee	35.00
Charter Tax	00.00
TOTAL	\$122.50

Please file the original articles and return the certified copy to me at the above address:

Sincerely

Mcorporator

Flaurence Dorce

ARTICLES OF INCORPORATION OF IDEAL CONCEPTS INTERNATIONAL, INC.

ONE:

The name of the Corporation is IDEAL CONCEPTS

INTERNATIONAL, INC.

TWO:

The duration of the Corporation shall be perpetual.

THREE:

The address of the Corporation is:

6157 Metrowest Blvd. 205

Orlando, FL 32835

FOUR:

The general purpose or purposes for which this Corporation is to operate a marketing company, consulting and all other lawful business activity for which Corporation may be incorporated under Chapter 607 of the Florida statutes.

FIVE:

The aggregate number of shares, which the Corporation shall have authority to issue is:

One Thousand (1,000) common shares having a value of

\$1.00 per share.

SIX:

The registered agent and the street address of the initial registered office of the Corporation in the State of Florida is:

Name

Address

Flaurence Dorce

6157 Mretrowest Blvd. Orlando, FL 32835 SEVEN:

The number of directors/officers constituting the initial Board of Directors is 1 and the name and address of each person who is to serve as a member thereof is as follows:

Name Address

Flaurence Dorce

President Orlando, Florida 32835

EIGHT: The name and address of the sole Incorporator is:

Name Address

Flaurence Dorce 6157 Metrowest Blvd. 205

Orlando, Florida 32835

6157 Metrowest Blvd. 205

The internal affairs of the Corporation shall be governed by the By-Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.



NINE:

The names and street addresses and the number of shares subscribed to by the subscribers hereto, who are also members of the first Board of Directors and who are to conduct the Business of the Corporation until those elected at the organizational meeting are:

Name

Shares

Flaurence Dorce 6157 Metrowest Blvd. 205 Orlando, Florida 32835 1000 Shares

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.

Signature/Registered Agent

-21-10

Date

Signature/Incorporator

Date

STATE OF FLORIDA

COUNTY OF SEMINOLE

I, HEREBY CERTIFY that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person, Flaurence Dorce, as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

	ALWYN J. MORGAN Notary Public - State of Florida My Comm. Expires Dec 13, 2010 Commission # DD 620903
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Notary Public

My commission expires: 12 13 2010