

P/3000015603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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13 FEB 14 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WA-62547

02/15/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2012

TARA MICHELLE RUER
437 RUSK CIRCLE
SPRING HILLS, FL 34606

SUBJECT: IDEAL SOLUTIONS, INC.
Ref. Number: W12000062547

We have received your document for IDEAL SOLUTIONS, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L03000016260 (IDEAL SOLUTIONS LLC).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Thomas Chang

Regulatory Specialist II
New Filing Section

Letter Number: 212A00029867

COVER LETTER

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

SUBJECT: Ideal Solutions, 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: Tara Michelle Ruer

Name (Printed or typed)

437 Rusk Circle

Address

Spring Hills, Florida 34606

City, State & Zip

561-389-9422

Daytime Telephone number

truer1973@gmail.com

E-mail address: (to be used for future annual report notification)

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

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

T.R. 2/11/13

ARTICLE I NAME

The name of the corporation shall be:

~~Ideal Solutions, Inc.~~ *Inventory Advantages, Inc.*

ARTICLE II PRINCIPAL OFFICE

Principal street address

437 Rusk Circle

Spring Hill, FL 34606

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide affordable solutions to medical facilities

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tara Michelle Ruer, President

Address: 437 Rusk Circle

Spring Hill, FL 34606

Name and Title:

Address:

Name and Title: Tara Michelle Ruer, Treasurer

Address: 437 Rusk Circle

Spring Hill, FL 34606

Name and Title:

Address:

Name and Title: Tara Michelle Ruer, Secretary

Address: 437 Rusk Circle

Spring Hill, FL 34606

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tara Michelle Ruer

Address: 437 Rusk Circle

Spring Hill, FL 34606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tara Michelle Ruer

Address: 437 Rusk Circle

Spring Hill, FL 34606

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TALLAHASSEE, FLORIDA

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

Tara Ruer

Required Signature/Registered Agent

12/4/12

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.

Tara Ruer

Required Signature/Incorporator

12/4/12

Date