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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 25 AM 7:28

COVER LETTER

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

SUBJECT: Ideal Therapeutic 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: Risa B. Katz

Name (Printed or typed)

509 West Colonial Drive

Address

Orlando, Florida 32804

City, State & Zip

407-325-6467

Daytime Telephone number

rkatz@idealtherapeutic.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)

ARTICLE I NAME

The name of the corporation shall be: Ideal Therapeutic Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

509 West Colonial Drive
Orlando, Florida 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Sales.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Risa B. Katz, President

Name and Title: April L. Phillips, V.P.

Address 509 West Colonial Drive
Orlando, Florida 32804

Address: 509 West Colonial Drive
Orlando, Florida 32804

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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14 SEP 25 AM 7:29
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CLERK OF CIRCUIT COURT
IN FLORIDA
ORLANDO

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: David S. Katz
Address: 509 West Colonial Drive
Orlando, Florida 32804

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

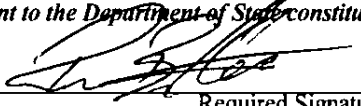
Name: Risa B. Katz
Address: 509 West Colonial Drive
Orlando, Florida 32804

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


Required Signature/Registered Agent

9/16/2014
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.


Required Signature/Incorporator

9/16/14
Date

14 SEP 25 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA