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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

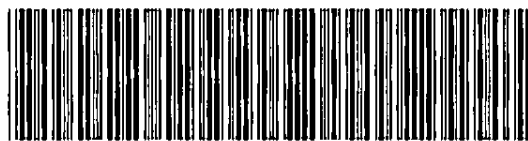
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 05 2020

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: Ideaz Usa, 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: Catalina Garris  
Name (Printed or typed)

9837 SW 117th Pl  
Address

Miami, FL 33186  
City, State & Zip

(305) 431 5083  
Daytime Telephone number

greatideazusa@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)

ARTICLE I NAME

The name of the corporation shall be:

Ideaz USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:  
9837 SW 117th Place  
Miami, FL 33186

Mailing address, if different is

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to conduct business  
in the United States. We plan to sell  
goods and services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Catalina Garza / President

Address:

9837 SW 117th Ave  
Miami, Fla. 33186

Name and Title:

N/A

Name and Title:

N/A

Name and Title:

N/A

Address:

Address:

Name and Title:

N/A

Name and Title:

N/A

Address:

Address:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE VI REGISTERED AGENT

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

Name: Catalina Garcia  
Address: 9837 SW 117th Pl  
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Catalina Garcia  
Address: 9837 SW 117th Pl  
Miami, FL 33186

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*

Catalina Garcia 2/26/20  
Required Signature/Registered Agent 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.*

Catalina Garcia 2/26/20  
Required Signature/Incorporator Date

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