

P24000035557

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

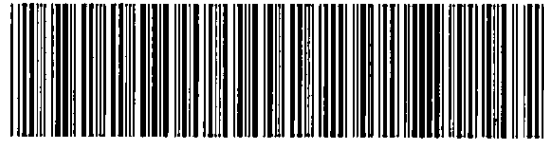
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NGRIDLEIN, INC.

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ ☒ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

## COVER LETTER

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

INGRIDLEIN, INC.

**SUBJECT:** \_\_\_\_\_  
(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**

George Teichner  
**FROM:** \_\_\_\_\_  
2401 Collins Avenue, Unit 401      Name (Printed or typed)  
\_\_\_\_\_  
Miami Beach, Florida 33140      Address  
\_\_\_\_\_  
305-371-6294      City, State & Zip  
\_\_\_\_\_  
georgieteich@gmail.com      Daytime Telephone number  
\_\_\_\_\_  
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: INGRIDLEIN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2401 Collins Avenue, Unit 401  
Miami Beach, Florida 33140

Mailing address, if different is:  
2401 Collins Avenue, Unit 401  
Miami Beach, Florida 33140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all other lawful purpose and financial

**ARTICLE IV SHARES**

1000 Shares no par value  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George Teichner, President  
Address: 2401 Collins Avenue, Unit 401  
Miami Beach, Florida 33140

Name and Title: George Teichner, Vice President  
Address: 2401 Collins Avenue, Unit 401  
Miami Beach, Florida 33140

Name and Title: George Teichner, Secretary  
Address: 2401 Collins Avenue, Unit 401  
Miami Beach, Florida 33140

Name and Title: George Teichner, Treasurer  
Address: 2401 Collins Avenue, Unit 401  
Miami Beach, Florida 33140

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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:

Brian R. Hersh

Name: \_\_\_\_\_

Address: 1541 Brickell Avenue, Suite C-1407

Miami, Florida 33129

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Aileen Rivero

Address: 1541 Brickell Avenue, Suite C-1407

Miami, Florida 33129

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: May 28, 2024 (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*

/S/ Brian R. Hersh

May 28, 2024

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.*

/S/ Aileen Rivero

May 28, 2024

Required Signature/Incorporator

Date

2024