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Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC.
Account Number : I20190000121
Phone : (718)925-2025
Fax Number : (718)925-2027

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: SERVICE@FILEITUSA.COM

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

Ideal Property Svc Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

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OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

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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 Property Svc Inc

ARTICLE II PRINCIPAL OFFICE

| | |
|--|--|
| Principal <u>street</u> address <u>4699 N Federal Hwy</u> <u>Pompano Beach, FL 33064</u> | Mailing address, if different is: _____ _____ _____ |
|--|--|

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Management

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|---|
| Name and Title: <u>Ideal Property Group LLC, President</u> Address: <u>4699 N Federal Hwy</u> <u>Pompano Beach, FL 33064</u> _____ _____ | Name and Title: _____ Address: _____ _____ _____ |
| Name and Title: _____ Address: _____ _____ _____ | Name and Title: _____ Address: _____ _____ _____ |
| Name and Title: _____ Address: _____ _____ _____ | Name and Title: _____ Address: _____ _____ _____ |

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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: Corporate Creations Network Inc.
Address: 801 US Highway 1
North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miriam Schwartz
Address: 866 Myrtle Ave, Ste 1
Brooklyn, NY 11206

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

/s/ Tim Pratts, Special Secretary 9/20/2024
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/ Miriam Schwartz 9/20/2024
Required Signature/Incorporator Date

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