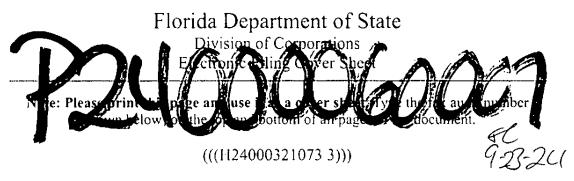
Division of Corporations





H240003210733ABCW

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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

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## FLORIDA PROFIT/NON PROFIT CORPORATION

**Ideal Property Svc Inc** 

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

024 SEP 20 PN 4: 03

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09/20/2024 13:07 From:17189252027 To:18506176381 Date Time 09/20/24 01:07PM Pages: 3 P: 2/3

(((H24000321073 3)))

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporatio	n shall be: Ideal Property Svc Inc				
4699 N Federal Hwy	incipal street address	Maili ———————————————————————————————————	Mailing address, if different is:		
ARTICLE III PURPOS The purpose for which the	E corporation is organized is: Property I				
			2024		
ARTICLE IV SHARES The number of shares of ste  ARTICLE V INITIAL	ock is: 200  OFFICERS AND/OR DIRECTORS		SEP 20 PH II:		
Name and Title:_ Address	4699 N Federal Hwy Pompano Beach, FL 33064				
Name and Title:					
Name and Title: Address _					
<del>.</del> -					

2000040	70.0111			
00032107	73 3)))			
	Name and	Title:	Name and Title:	
	Address		Address:	
		<del></del>	<del></del>	
		<u>EGISTERED AGENT</u> o <mark>rida street address</mark> (P.O. Box NOT acceptat	ole) of the registered agent is:	
Name	·	Corporate Creations Network Inc.		
Addre	·ss:	801 US Highway 1		
		North Palm Beach, FL 33408		
			<del></del>	
ARTIC	CLE VII I	<u>NCORPORATOR</u>		
The <u>na</u>	me and add	dress of the Incorporator is:		· 2
Nan	nc:	Miriam Schwartz		024 C
, Ad	idress:	866 Myrtle Ave, Ste 1		2024 SEP 20 SE()
		Brookyn, NY 11206		20
			<del></del>	PN 4:0
ARTIC	CLE VIII	EFFECTIVE DATE:		
Effecti	ve date, if c	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific and o	(OPTIONAL)	FLAT
(H an d filing.)		ite is fisted, the date must be specific and o	cannot be more than live days pr	ior or 90 days after the
Note:	If the date i	inserted in this block does not meet the appli	cable statutory filing requirements.	this date will not be listed
		fective date on the Department of State's rec		
Having	z been name	ed as registered agent to accept service of pro	cess for the above stated corporation	n at the place designated in
		miliar with and accept the appointment as re		
	/	/s/Tim (Practs, Special Secretary		9/20/2024
		Required Signature/Registered Agen	t	Date
		ment and affirm that the facts stated herein		
docum	ent to the D	epartment of State constitutes a third degree	jeiony as provided for in 8,817,155,	, r.s.
•••	/s/ SM	iriam Schwartz		9/20/2024

Date

Required Signature/Incorporator