

P24000072653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

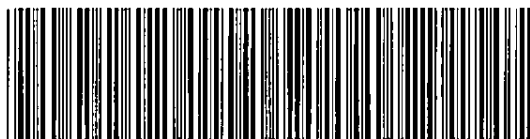
(Business Entity Name)

(Document Number)

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

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2024 DEC -4 AM 10: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 DEC -4 AM 4: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 12/04/2024

**\*\*WALK IN\*\***

ENTITY NAME IDEAL HAULERS INC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

*E R J/M*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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 HAULERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5126 NW 7th Ave, Miami, FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

Any lawful activity for which corporations may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHOSHANA GLASSMAN, President Name and Title: \_\_\_\_\_

Address 5126 NW 7th Ave, Miami, FL 33127 Address: \_\_\_\_\_

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

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

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

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

Name: SHOSHANA GLASSMAN

Address: 5126 NW 7th Ave, Miami, FL 33127

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: SHOSHANA GLASSMAN

Address: 5126 NW 7th Ave, Miami, FL 33127

\_\_\_\_\_

**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/ SHOSHANA GLASSMAN

Required Signature/Registered Agent

12/3/2024

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/ SHOSHANA GLASSMAN

Required Signature/Incorporator

12/3/2024

Date

FILED  
2024 DEC -4 AM 4:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA