

1.) CORPORATION NAME: Ideal Enterprises, Inc.	DUE DATE: 7/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CRAIG L MYTELKA WILLIAMS MULLEN 222 CENTRAL PARK AVE STE 1700 VIRGINIA BEACH, VA	SCC ID NO: 04502985				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: VA	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 15511

CITY/ST/ZIP: CHESAPEAKE, VA 23328

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: H MICHAEL TACORONTE TITLE: P/T ADDRESS: PO BOX 11551 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23328	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: KELLY A TACORONTE TITLE: SECRETARY ADDRESS: PO BOX 11551 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23328	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ H MICHAEL TACORONTE	H MICHAEL TACORONTE, P/T	7/1/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.