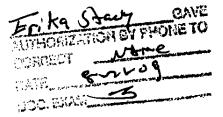
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SECRETARY OF STATE IALLAHASSEE, FLORIDA

&' D

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: EDGE CAPITAL CORP.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
ERIKAB STACY
ERIKA B. STACY Name of Person
EDGE CAPITAL CORP. 2579 E. Jupite-Structural THOMES AVE -SUITE 290 Address
Tovorners Sto. CHELORINO UN Pami
Tovorness 51. CHeyenne Wy 82001 City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIKA STACY at (352) YZZ-5535 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy
CHEEK PAYABLE TO: FLORIST DEPT. OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2009

ERIKA B STACY 2710 THOMES AVE STE 290 CHEYENNE, WY 82001

SUBJECT: EDGE CAPITAL CORP Ref. Number: W09000035755

We have received your document for EDGE CAPITAL CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 109A00026942

Division of Comparations DO DOV 6997 Wallahagaa Florida 2091



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2009

ERIKA B STACY 2ND ML 2710 THOMES AVE STE 290 CHEYENNE, WY 82001

SUBJECT: EDGE CAPITAL CORP Ref. Number: W09000035755

We have received your document for EDGE CAPITAL CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Letter Number: 109A00026942

Tim Burch Regulatory Specialist II New Filing Section

District of Court of the DO DOY 0007 TO 11 1 DO 11 1 0001

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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	•		TATUTES, THE FOLLOWING IS SUBMITTED FOR BUSINESS IN THE STATE OF FLORIDA.
1. Edge Capita			ASSE
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION," FIGURE STATES
Edge Ca	pital Investment Con	27	adopted for the purpose of transacting business in Florida)
(If name unavaila	ble in Florida, enter alternate corporate na		
2. Wyoming		3.	27-0572483
(State or country t	under the law of which it is incorporated)		(FEI number, if applicable)
4. May 20, 2008	3	5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6. Sept 1st, 200	9		
· · ·		7.15 W <u>y</u>	
Same	(0)		
8. Real Estate (Purpose(s)	(Current mailing a		
9. Name and street	address of Florida registered agent: (l	P.C	D. Box NOT acceptable)
Name:	Erika B. Stacy		
Office Address:	2579 E. Jupiter Street		<u>. </u>
	Inverness		, Florida 34453
	(City)		(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Erika B. STACY
Address: 2804 E. Meneury 57.
Chairman: ERIKA B. STACY Address: 2804 E. Meneury 57. INVERNESS, Fel 34453
Vice Chairman:
Address:
ORA F.
Director:
Address:
Director:
Address:
B. OFFICERS
President: GANY ROGERS
Address: 2804 E Meneury ST, INVENUESS, PL 34453
Invervess, Re 34453
Vice President:
Address:
Secretary: ERIKAB STACY
Address: Z804 & Meneury ST.
Address: 2804 F. Meneury ST. Treasurer: INVENUES FL 34453
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
(Signature of Director or Officer listed in number 12 of the application)
14. ERIKA B. 57Acy - VP-5 T (Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do her certify that according to the records of this office.

Edge Capital Corp.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **May 20**, **2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000555260**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of July, 2009 at 2:55 PM. This certificate is assigned 005607316.



May Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.