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**Florida Department of State  
Division of Corporations  
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Account Name : AGENTS AND CORPORATIONS, INC  
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*SPRINGER, JAMES*

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**FOREIGN PROFIT/NONPROFIT CORPORATION  
EDGE AERODYNAMIX INC.**

Certificate of Status	0
Certified Copy	0
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April 18, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AGENTS AND CORPORATIONS, INC

SUBJECT: EDGE AERODYNAMIX INC  
REF: W11000021495

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000099795  
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P.002/003

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. EDGE AERODYNAMIX INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 45-16097166

(FEI number, if applicable)

4. APRIL 13, 2011

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2443 TRANSMITTER RD., PANAMA CITY, FL 32404

(Principal office address)

2443 TRANSMITTER RD., PANAMA CITY, FL 32404

(Current mailing address)

8. To engage many activity or business permitted by U.S. and Florida Law

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ZANA IRELAND

Office Address: 2443 TRANSMITTER RD.

PANAMA CITY, Florida 32404

(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.

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

## A. DIRECTORS

Chairman: ZANA M. IRELANDAddress: 2443 TRANSMITTER RD., PANAMA CITY, FL 32404Vice Chairman: PETER S. IRELANDAddress: 2443 TRANSMITTER RD., PANAMA CITY, FL 32404Director: ANTHONY J. IRELANDAddress: 2443 TRANSMITTER RD., PANAMA CITY, FL 32404

Director: \_\_\_\_\_

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

## B. OFFICERS

President: ZANA M. IRELANDAddress: 2443 TRANSMITTER RD., PANAMA CITY, FL 32404

Vice President: \_\_\_\_\_

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

Secretary: PETER S. IRELANDAddress: 2443 TRANSMITTER RD., PANAMA CITY, FL 32404Treasurer: ANTHONY J. IRELANDAddress: 2443 TRANSMITTER RD., PANAMA CITY, FL 32404

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Zana Ireland, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

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## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDGE AERODYNAMIX INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDGE AERODYNAMIX INC." WAS INCORPORATED ON THE THIRTEENTH DAY APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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DELAWARE  
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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8694938

DATE: 04-14-11