

P04000049843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

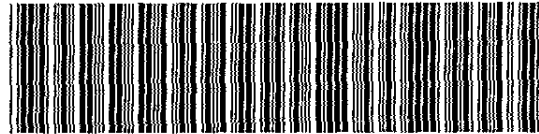
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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is

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 19 AM 8:47

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DEPT. OF REVENUE
COMMISSIONER
TALLAHASSEE, FLORIDA

Requester's Name	
STUART E. GOLDBERG	
ATTORNEY AT LAW	
P. O. BOX 12458	
TALLAHASSEE, FL 32317-2458	
City/State/Zip	Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Edge Emulation, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☒ Certified Copy
☒ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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Examiner's Initials

**ARTICLES OF INCORPORATION
OF
EDGE EMULATION, INC.**

THE UNDERSIGNED incorporator, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of the Corporation shall be Edge Emulation, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 759 Basin Street #34, Tallahassee, Florida 32304.

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is 1,000,000 common voting shares.

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Stuart E. Goldberg, Esq., 2039 Centre Pointe Boulevard, Suite 201, Tallahassee, Florida 32308.

ARTICLE V. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Peter Daveloose
759 Basin Street #34
Tallahassee, Florida 32304

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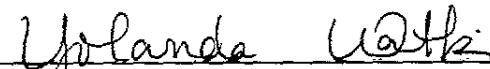
The undersigned has executed these Articles of Incorporation this 12 day of March, 2004.


Peter Daveloose, Incorporator

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Peter Daveloose, ☐ personally known to me or ☒ who did produce a Florida Driver's License as identification, the person described as the incorporator in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed the same.

WITNESS my hand and official seal in the County and State named above this 12th day of March, 2004


(Signature of Person Taking Acknowledgment)
(Print Notary Name/Commission Number/Expiration Date)



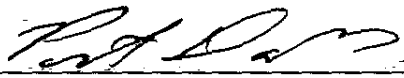
Yolanda Watkins
Commission # DD290914
Expires March 23, 2008
Bonded Troy Fahn - Insurance, Inc. 800-395-7015

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
ACCEPTANCE OF APPOINTMENT**

Pursuant to the provisions of 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is EDGE EMULATION, INC.
2. The name and address of the registered agent and office is Stuart E. Goldberg, Esq.,
2039 Centre Pointe Boulevard, Suite 201, Tallahassee, Florida 32308.

EDGE EMULATION, INC.

By: 
Its President

Date: 3/13/04

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: 
Resident Agent

Date: 3/18/04

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