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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

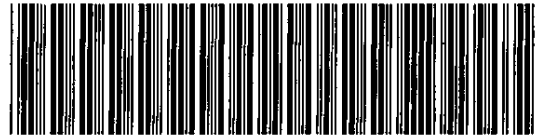
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Certified Copies _____ Certificates of Status _____

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06 JUN 20 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DOUBLE EDGE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EUGENE C. HARRISON
Name (Printed or typed)

13840 ROCKRIDGE RD.
Address

LAKELAND, FLORIDA 33809
City, State & Zip

863-640-2559
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

DOUBLE EDGE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

13840 ROCKRIDGE RD.
LAKELAND, FL. 33809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MINE SERVICE WORK

ARTICLE IV SHARES

The number of shares of stock is:

7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

EUGENE C. HARRISON
13840 ROCKRIDGE RD.
LAKELAND, FLORIDA 33809
DIRECTOR / PRESIDENT

CARYN E. HARRISON
13840 ROCKRIDGE RD.
LAKELAND, FLORIDA 33809
SECRETARY

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CARYN E. HARRISON
13840 ROCKRIDGE RD.
LAKELAND, FLORIDA 33809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EUGENE C. HARRISON
13840 ROCKRIDGE RD.
LAKELAND, FLORIDA 33809

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

Caryn E. Harrison

Signature/Registered Agent

6/12/06

Date

Eugene C. Harrison

Signature/Incorporator

6/12/06

Date

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06 JUN 20 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA