

P 12000092630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

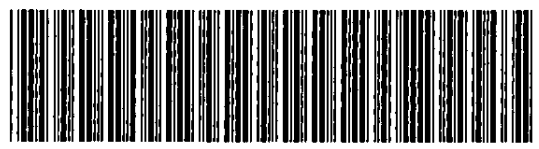
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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EFFECTIVE DATE 1-1-13

11/05/12--01027--012

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 NOV-5 PM 1:21
**87.186

PS 11/6/12

COVER LETTER

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

SUBJECT: InKNOWvative 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

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MJ Torkar

Name (Printed or typed)

817 Newpark Ct.

Address

St. Augustine, Florida 32084

City, State & Zip

904-685-2212

Daytime Telephone number

mjtorkar@gmail.com

E-mail address: (to be used for future annual report notification)

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

InKNOWvative Edge, Inc.

The name of the corporation shall be:

12 NOV -5 PM 1:21

ARTICLE II PRINCIPAL OFFICE

Principal street address
817 Newpark Ct.
St. Augustine, FL 32084

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Training and educational marketing design and development

EFFECTIVE DATE 1-1-13

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MJ Torkar, President

Address: 817 Newpark Ct.
St. Augustine, FL 32084

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: MJ Torkar

Address: 817 Newpark Ct.
St. Augustine, FL 32084

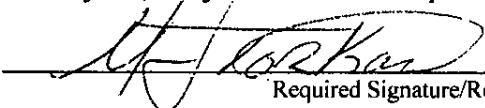
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MJ Torkar

Address: 817 Newpark Ct.
St. Augustine, FL 32084

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



Required Signature/Registered Agent

MJ TORKAR

11/1/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

MJ TORKAR

11/1/2012
Date

ARTICLE VIII: EFFECTIVE DATE

The effective date of incorporation is January 1, 2013.