## P1400061647

(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:				
Special districtions to 1 ming Officer.				

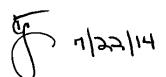
Office Use Only



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14 JUL 21 PN 3.2 SECRETARY OF STATE TALLAHASSEE, FLORIDA



## **COVER LETTER**

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

SUBJECT: GIS	EDGE INC		
		ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
_			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 REQUI		· ·····
1 KOW	ENNETH V WIL  Nam  O TAIT TERRA	e (Printed or typed)	-
		Address	
P	ORT CHARLOT		1-00
94	City. 1-585-1423	State & Zip	CLANA TO THE PARTY OF THE PARTY
	Daytime T	elephone number	21 5555
K	EN@GISEDGE.		2 20
	n-man address: (to be use	d for future annual report i	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 14 JUL 21 PM 3-22

name of the corpora	ME GISEDGE IN	SECRETARY	ne e
TICLE II PRI	NCIPAL OFFICE Principal street address ERRACE SE	C SECRETARY OF TALLAHASSEE Mailing address, if different is:	T.F.
	OTTE FL 33952		
FICLE III PUR purpose for which t	POSE the corporation is organized is:	awful activity within the state of Florid	da.
FICLE IV SHA	IRES stock is:		
TICLE V INIT	TIAL OFFICERS AND/OR DIRECT	<u>'ORS</u>	
TICLE V INIT	Kenneth V Wilkers	Name and Title:	
TICLE V INIT	TIAL OFFICERS AND/OR DIRECT	Name and Title:	
TICLE V INTO	Kenneth V Wilkers	Name and Title:	
Name and Title Address	Kenneth V Wilkerson Director Kenneth V Wilkerson 290 Tait Terrace SE Port Charlotte FL 33952	Name and Title:  Address:	
Name and Title Address Name and Title:	Kenneth V Wilkerson Director Kenneth V Wilkerson 290 Tait Terrace SE Port Charlotte FL 33952	Name and Title:  Name and Title:	
Name and Title Address	Kenneth V Wilkerson Director Kenneth V Wilkerson 290 Tait Terrace SE Port Charlotte FL 33952	Name and Title:  Address:  Name and Title:  Address:	
Name and Title Address  Name and Title: Address	Kenneth V Wilkerson 290 Tait Terrace SE Port Charlotte FL 33952	Name and Title:  Name and Title:  Address:	
Name and Title Address  Name and Title: Address	Kenneth V Wilkerson 290 Tait Terrace SE Port Charlotte FL 33952	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Kenneth V Wilkerson	me registered agent to
Address:	290 Tait Terrace SE	
Addiess.	Port Charlotte FL 33952	
ARTICLE VII	INCORPORATOR	
The name and ad	tdress of the Incorporator is:	
Nanie:	Kenneth V Wilkerson	
Address:	290 Tait Terrace SE	•
	Port Charlotte FL 33952	
Having been nam this certificate, I a	ned as registered agent to accept service of process jum familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
Vina	Wullen	2/1/14
	Required Signature/Registered Agent	Date
I submit this document to the I	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony —	rue, I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Uma	Required Signature/Incorporator	7/1/14 Date
		F-50