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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 1 2015

COVER LETTER

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

SUBJECT: Edge Effect Productions , 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: Patrick J Rellihan
Name (Printed or typed)

7101 Catalonia Avenue
Address

Jacksonville, FL 32217
City, State & Zip

904-366-9958
Daytime Telephone number

PRELLIHAN@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)

ARTICLE I NAME

The name of the corporation shall be: Edge Effect Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7101 Catalonia Avenue

Jacksonville, FL 32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Edge Effect Productions is a specialty services company specializing in video production services for the live event industry.

Production design, media, and projection and video services are our main offerings to our clientele.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick Rellihan, President

Name and Title: _____

Address 7101 Catalonia Avenue

Address: _____

Jacksonville, FL 32217

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Patrick Rellihan _____

Address: 7101 Catalonia Avenue _____

Jacksonville, FL 32217 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Patrick Rellihan _____

Address: 7101 Catalonia Avenue _____

Jacksonville, FL 32217 _____

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

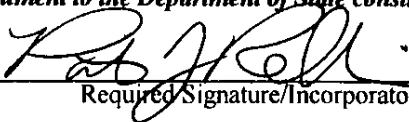


Required Signature/Registered Agent

9-3-15

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

9-3-15

Date