

P19000005820

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(Business Entity Name)

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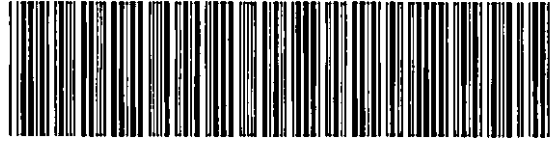
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COVER LETTER

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

SUBJECT: ADAPTIVE EDGE
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: SCOTT H. ZIMMERMAN
Name (Printed or typed)

4920 ANDROS DR.
Address

TAMPA, FL 33629
City, State & Zip

(813) 503-1009
Daytime Telephone number

szzimmerman@outlook.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: ADAPTIVE EDGE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4920 ANDREWS DR.

TAMPA, FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DEVELOPMENTAL
CONSULTING ORGANIZATIONAL TRANSFORMATION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT ZIMMERMAN ~~PRESEDA~~ (P) Name and Title: _____

Address 4920 ANDREWS DR. Address: _____
TAMPA, FL 33629

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2018 JAN 16 AM 11:59
NOTARIAL PUBLIC
JAN 16 2018

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: ANDRES PRIDA

Address: 1106 N. FRANKLIN ST.

TAMPA, FL 33602

ARTICLE VII INCORPORATOR

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

Name: SCOTT ZIMMERMAN

Address: 4920 ANDROS DR.

TAMPA, FL 33629

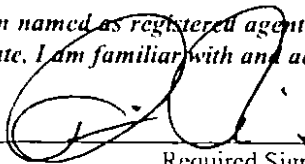
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/15/19 (OPTIONAL)

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

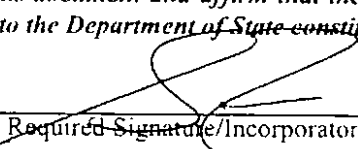


Required Signature/Registered Agent

12-26-19

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

12-26-18

Date