

# P970000036232

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
97 APR 23 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K.R. APR 23 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4-23-97		
TIME	932		CK No. _____
BY	CJB		

WALK-IN  
Will Pick Up \_\_\_\_\_

RE: American Edge  
Products, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> (-) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Statement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate K1		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s. Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( )		

SUBTOTALS	
FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	\$
PAYMENT.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

ARTICLES OF INCORPORATION  
OF  
AMERICAN EDGE PRODUCTS, INC

FILED  
97 APR 23 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation:

**ARTICLE I. NAME**

The name of this corporation is AMERICAN EDGE PRODUCTS, INC.

**ARTICLE II. PRINCIPAL OFFICE OR MAILING  
ADDRESS OF CORPORATION**

The principal office and mailing address of this corporation is: 3103 Rainbow Road, Tavares, Florida 32778.

**ARTICLE III. CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Five thousand (5,000) shares of common stock  
all of one class, having a nominal or par  
value of ONE DOLLAR (\$1.00) per share.

**ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 3103 Rainbow Road, Tavares, Florida 32778 the name of the initial registered agent of this corporation at that address is Zola Stradling.

ARTICLE V. INCORPORATOR

The name and address of the person signing these Articles of Incorporation is Zola Stradling, 3103 Rainbow Road, Tavares, Florida 32778.

ARTICLE VI. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 21 day of April, 1997.

Zola Stradling  
Incorporator

ACCEPTANCE BY REGISTERED AGENT:

I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION.

Zola Stradling  
Name: Zola Stradling

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 21 day of April, 1997, by Zola Stradling, Incorporator, who did not take an oath.

Jeanie M. Sharpe  
NOTARY PUBLIC-STATE OF FLORIDA  
(Signature of Notary)

Jeanie M. Sharpe  
Typed name of Notary)



CC421145  
(Commission Number)

Personally known \_\_\_\_\_ or  
Produced Identification ✓

Type of Identification  
Produced: DRIVERS License

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