P99000025027

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

SUBJECT:	A. Cutting	EDGE, INC	To the second se	<u>. </u>
	(Proposed corpor	rate name - must include sur	flix)	
			90000279- -03/04/99- ***** <i>18/</i> 3	44 (93 -01060007 5 ****** 78.75
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a c	check for:	-
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	M
	<i>i</i> 1		EFFECTIVE DATE	
FROM:	A CUTTING	EDGE THE	3-1-11	
ميكن	435 S. RIDGEWOOD AVI	inted or typed) #210 ddress	SECRETARY OF	99 MAR -4 AV
4-50	DAYTONA BEACH, FLORIDA 32114 City, State & Zip			
$no_{19} 99$	(904) 255-5454 Daytime Te	lephone number		V v genn
かしし			*	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 9, 1999

ALLEN BELUS 435 S RIDGEWOOD AVE #210 DAYTONA BEACH, FL 32114

SUBJECT: A CUTTING EDGE, INC.

Ref. Number: W9900005647

A Cutting Edge + Drywall, Ive.

We have received your document for A CUTTING EDGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

your doc.

ter Number: 199A00010.

They ware, The.

They ware, 3/16/99

ARTICLES OF INCORPORATION

4.5 V 43 E

	ECTIVE DATE
The name of the corporation shall be: A Cuttine Edge + Dry	wall, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 435 S. RIDGEWOOD AVE., #210	野馬で
DAYTONA BEACH, FLORIDA 32114	
The number of shares of stock that this corporation is authorized to have outstanding at any of the number of shares of stock that this corporation is authorized to have outstanding at any of the number of shares of stock that this corporation is authorized to have outstanding at any of the number of shares of stock that this corporation is authorized to have outstanding at any of the number of shares of stock that this corporation is authorized to have outstanding at any of the number of shares of stock that this corporation is authorized to have outstanding at any of the number of shares of stock that the number of shares of s	one time is 5
AUTHORIZE 10,000 @ \$1.00 PAR VALUE ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	2,,
ALLEN BELUS 435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FLORIDA 32114	. =
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:	
Hevin L. Esterley 435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FLORIDA 32114	
Reum Estato 2/25/99	
Signature/Incorporator Date	=
(An additional article must be added if an effective date is requested.)	
Having been named as registered agent and to accept service of process for the above stated corporation at the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a provisions of all statutes relating to the proper and complete performance of my duties, and I am famili obligations of my position as registered agent	iorga to comply with the
7/ 24	<i>[9</i>
Signature/Registered Agent Date	