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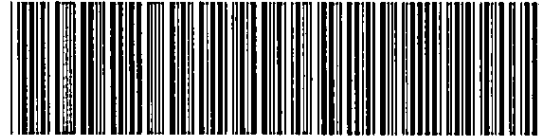
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Momenta Artificial Intelligence (AI) Probabilistics Corporation

SUBJECT: _____
(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: MyCorporation/Carri Brown

Name (Printed or typed)

26025 Mureau Rd. Suite 120

Address

Calabasas, CA 91302

City, State & Zip

877-692-6772

Daytime Telephone number

processing@mycorporation.com

E-mail address: (to be used for future annual report notification)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

_____ Momenta Artificial Intelligence (AI) Probabilistics Corporation

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address _____

Mailing address, if different is: _____

_____ 700 7th Street SW, Unit 403

_____ Washington, DC 20024

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

_____ an artificial intelligence (AI), data science, and research and development organization

_____ specializing in areas of probabilistic-relational AI systems. Develop responsible and ethical AI

_____ applications under peer-reviewed statistical analyses

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

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TALLAHASSEE, FL

ARTICLE IV SHARES

_____ 1500

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Karriem Perry
Address: 700 7th Street SW, Unit 403
Washington, DC 20024

Name and Title: Barbara Keary
Address: 700 7th Street SW, Unit 403
Washington, DC 20024

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name: Karriem Perry

Address: 700 7th Street SW, Unit 403
Washington, DC 20024

If applicable, BENEFIT OFFICER:

Name: Barbara Keary

Address: 700 7th Street SW, Unit 403
Washington, DC 20024

ARTICLE VI REGISTERED AGENT

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

Name: Legalinc Corporate Services Inc.

Address: 5237 Summerlin Commons, Suite 400
Fort Myers, FL 33907

ARTICLE VII INCORPORATOR

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

Name: Karriem Perry

Address: 700 7th Street SW, Unit 403
Washington, DC 20024

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STATE
TALLAHASSEE, FL

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

Dana Case, Manager
Required Signature/Registered Agent

04/28/2020
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.

Karriem A.J. Perry
Required Signature/Incorporator

04/28/2020
Date