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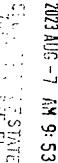
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COVER LETTER

TO:		tration Section ion of Corporations			
SHRI	ECT:	Algorithmic Insurance Servi	ces. Inc.		
.5017.7			of corporation -	must include suffix	 -
Dear S	Sir or M	adam:			
"Certif	ficate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to	e of Good Standi	ng" and check are submit	
Please	return	all correspondence concerr	ning this matter to	the following:	
Dan M	liller				
			Name of Pe	erson	
Westm	nont Ass	ociates, Inc.			
	_		Firm/Comp.	any	
1763 N	Marlton	Pike E. Ste 200			
			Addres	S	
Cherry	/ Hill, N	J 08003			
			City/State and	l Zip code	
Daniel	@West	montlaw.com			
		E-mail addres	ss: (to be used fo	r future annual report noti	fication)
For fu	rther in	formation concerning this i	matter, please ca	H:	
Dan M	filler		856	216-0220	
	Nam	e of Person	Area Code) 216-0220 Daytime Telephor	ne Number
	Regis Divis The C	EET/COURIER ADDREST stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please	make cl	check for the following am neck payable to: FLORIDA I ing Fee	DEPARTMENT Ong Fee & 🗆		■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Flo	rida)
California, USA		3. 92-3436273	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
		5. Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
7/27/2023			
	(SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
120 Newport Cer	iter Dr. Newport Beach, CA 92660		
		office street address)	
···+	(Current ma	iling address, if different)	
	(Current ma et address of Florida registered agent: (I Cogency Global Inc.	P.O. Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (I Cogency Global Inc.	P.O. Box NOT acceptable)	
	et address of Florida registered agent: (I Cogency Global Inc. 115 North Calhoun Street, Ste 4	P.O. Box NOT acceptable)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DocuSign Envelope ID: 6841AA96-9557-49CD-97E1-7CCD37133DFC

A. DIRECTORS Lawrence Lipman Name: _ □ Chairman ☐ Chairman Name: □Vice Chairman Address: _____ Address: _____ ☐ Vice Chairman Woodland, CA 95776 □ Director □Director President □President ☐ Vice President □Vice President ☐Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Richard Gorman Name: □ Chairman □ Chairman Name: _____ 120 Newport Center Drive Address: __ Address: ☐ Vice Chairman □Vice Chairman Newport Beach, CA 92660 □ Director □ Director □President □ President ☐ Vice President □ Vice President ☐Treasurer □ Secretary □ Treasurer □ Secretary ■Other ____ □Other _____ Other _____ ☐Other _____ Name: _____ Name: □Chairman ☐ Chairman □Vice Chairman Address: ______ □ Vice Chairman Address: □Director □ Director □President □President □Vice President ___ □ Vice President ☐Treasurer □ Secretary □ Secretary ☐ Treasurer ⊡Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals that Bradbed to the index when filing your Florida Department of State Annual Report form. Lawrence lipman Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or

she is aware that 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.

13. Lawrence Lipman





I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Algorithmic Insurance Services, Inc.

Entity No.: 5601672 Registration Date: 03/31/2023

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



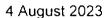
IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 26, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 132714831

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.





Attn: Florida Department of State

Division of Corporations

The Centre of Tallahassee

2415 N Monroe St, Ste 810

Tallahassee, FL 32303

RE: Application by Foreign Corporation for Authorization to Transact Business in Florida

Algorithmic Insurance Services, Inc.

FEIN: 92-3436273

To Whom It May Concern,

On behalf of Algorithmic Insurance Services, Inc. please find the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida. Also enclosed, please find a check in the amount of \$87.50 and a copy of the entity's Certificate of Status from its domicile state, California.

Should you have any questions or require additional information, please reach out to me directly. Algorithmic has requested Westmont Associates, Inc. manage its registration process.

Thank you kindly in advance,

Dan Mul

Dan Miller

Westmont Associates, Inc.

1763 Marlton Pike E, Ste 200

Cherry Hill, NJ 08003

(856) 216-0220

Daniel@Westmontlaw.com

11W570 AUG 4, 2023 ACT WT 0.1 LBS 1 OF 1 SYC 1DA LTR BL WT

TRACKING# 1211W5700168768943 INVOICE NO.: ALGORITHMIC--PRO

REF 2:

HANDLING CHARGE 0.00

 SINGLE-PIECE
 PUB
 RATE CHRGS:
 SVC
 51.77 USD

 DV
 0.00
 COD
 0.00
 RS
 0.00

 DC
 0.00
 DGD
 0.20
 SD
 0.00

 AH
 0.00
 PR
 0.00
 SP
 0.00

TOT PUB CHG 51.77 PUB+HC 51.77 FOT CCC CHG 29.40 CCC+HC 29.40

THIS DOCUMENT IS NOT AN INVOICE.