

P12000092270

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000262695 3)))



H120002626953ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : BUTZEL LONG  
Account Number : 105147001567  
Phone : (248)258-1616  
Fax Number : (248)258-1439

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: murray@butzel.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
ALTIMETRIK CORP.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

RECEIVED  
12 NOV -2 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 NOV -2 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

114

FILED

12 NOV -2 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **ALTIMETRIK CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**150 W. Jefferson Ave., Suite 100**  
**Detroit, MI 48226**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**any and all lawful business**

**ARTICLE IV SHARES**

The number of shares of stock is: **80,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____        | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |
| Name and Title: _____ | Name and Title: _____ |
| Address: _____        | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |
| 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: **NRAI Services, Inc.**  
Address: **318 East Park Avenue**  
**Tallahassee, FL 32301**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Arthur Dudley, II**  
Address: **150 W. Jefferson, Suite 100**  
**Detroit, MI 48226**

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

**NRAI Services, Inc.**  
  
\_\_\_\_\_  
Sean L. Emerick, Asst. Secretary  
Required Signature/Registered Agent

**November 2, 2012**  
\_\_\_\_\_  
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

**November 2, 2012**  
\_\_\_\_\_  
Date