

P16000083396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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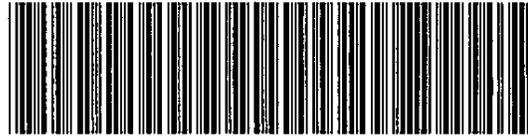
(Business Entity Name)

(Document Number)

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10/17/16



**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: Main Street Dynamics Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

909 NE 42 Ave  
Homestead, FL 33033

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Economics and Financial News Analysis over the internet

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**ARTICLE IV SHARES**

The number of shares of stock is: 20,000,000

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

Name and Title: L.P. Douglas Pemasiri, President

Name and Title: Warren Patabendi, Chief R&D Officer

Address 909 NE 42 Ave  
Homestead, Fl 33033

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Homestead, FL 33033

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: L. P. Douglas Pemasiri  
 Address: 909 NE 42 Ave.  
Homestead, FL 33033

**ARTICLE VII INCORPORATOR**

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

Name: L. P. Douglas Pemasiri  
 Address: 909 NE 42 Ave  
Homestead, FL 33033

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*[Handwritten Signature]*

Required Signature/Registered Agent

*10/06/16*

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.*

*[Handwritten Signature]*

Required Signature/Incorporator

*10/06/16*

Date