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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ALGORITHMIC INVESTGROUP INC.

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

K 03/03/17

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17 MAR -2 AM 11:10

BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR -2 PM 12:37

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME ALGORITHMIC INVESTGROUP INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
1000 5TH STREET, STE 200

MIAMI BEACH, FL 33139

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL BUSINESS PURPOSE

ARTICLE IV SHARES

10,000 at \$10 PAR VALUE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELYNDA TEDDER, PRESIDENT

Address: 458 SOUTH 3RD ST

MACCLENNY, FL 32063

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: MELYNDA TEDDER
Address: 458 SOUTH 3RD ST
MACCLENNY, FL 32063

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MELYNDA TEDDER
Address: 458 SOUTH 3RD ST
MACCLENNY, FL 32063

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 days prior or 90 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

Required Signature/Registered Agent

3-1-17
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

3-1-17
Date