

# P22000078912

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION PREDICTION LABS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2022 OCT 14 PM 4:20

2022 OCT 14 PM 4:53

RS

**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: PREDICTION LABS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3932 CORAL RIDGE DRIVE

3932 CORAL RIDGE DRIVE

CORAL SPRINGS, FL 33065

CORAL SPRINGS, FL 33065

**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: 200

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

Name and Title: ROBERT KLAGES, P

Name and Title: \_\_\_\_\_

Address 3932 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33065

Address: \_\_\_\_\_

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: ROBERT KLAGESAddress: 3932 CORAL RIDGE DRIVECORAL SPRINGS, FL 33065**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LAWRENCE A. KIRSCHAddress: 41 STATE STREET, SUITE 700ALBANY, NEW YORK 12207**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*/s/ Robert Klages  
Required Signature/Registered Agent10/14/2022  
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.*Lawrence A. Kirsch  
Required Signature/Incorporator10/14/2022  
Date