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PICK-UP WAIT MAIL							
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2021 OCT 25 PH 6: 25

S. FRANKLIN OCT 27 2021

COVER LETTER

_	on Section of Corporations					
	permind Inc.					
SUBJECT:						
	Name o	of corporation	- must	include suffix		
Dear Sir or Madar	n:					
"Certificate of Exi	plication by Foreign Co istence," or "Certificate foreign corporation to tra	of Good Stan	ding" a	nd check are su	act Business in Fl bmitted to registe	orida," r the
Please return all co Chad Olin	orrespondence concernii	ng this matter	to the	following:		
	· · <u>-</u>	Name of	Person	_	 -	
Supermind Inc.						
	-	Firm/Com	pany	·		
1951 NW 7th Ave	#600					Til.
		Addre				250 OCT
Miami, FL 33136			.05) 13
		C'1 /S1 1	1 7.	1		\(\delta \) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City/State and Zip code chad.olin@supermind.us						Pi
	C mail addraga	(ta ba yand f	'a a C			=
	E-mail address:	(to be used t	or rutur	e annuai report	notification)	∽ <u></u> ;.
For further information	ation concerning this ma	atter, please c	all:			CT:
Chad Olin		443	834	-3186		
		at (_)			
Name of i	Person	Area Code	2	Daytime Telep	ohone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		::	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	k for the following amore a speak to: FLORIDA DE		OF ST	ATE		
■ \$70.00 Filing F				Filing Fee &	□ \$87.50 Fil	ing Fee
6.1	Status	Certified Copy Certificate of St Certified Copy			of Status &	

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. Supermind Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DE 3. _____ 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) 6/11/21 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1951 NW 7th Ave #600, Miami, FL 33136 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N, STE 300 Office Address: St. Petersburg (City)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

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.

A. DIRECTORS	Geoffrey Cole		,	Chad Olin			
Chairman	ame: Chairman 1951 SW 7th Ave #6(2), Miami, FL33136			1951 NW 7th Ave #(1), Masmi, FL 33136			
□Vice Chairman	Address:	□ Vice Chairman		Por Sw. Zurwe 2007, Shamii, PLSYLSH			
Director		Director					
□President		■ President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	■ Secretary		Treasurer			
□Other	□Other	Other		Other			
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman					
□Director		Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	Other		□Other			
□Chairman □Vice Chairman	Name:	□Chairman					
Director		Director	Address.	<u> </u>			
□President		□President		1 5			
□Vice President		□Vice President		. 25			
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	Other	Other		Other			
12. Wal The officer or direct	Ise an attachment to report more than six (6). The attachment to the index when filing your Florida Department of the index when filing your Florida Department of Director Signature of Director for signing this document (and who is listed in number information submitted in a document to the Department in the Departme	nent of State Annual Rep or Officer	oort form.	stated herein are true and that he or			
Chad Olin 13.	(T.,						
(Typed or printed name and capacity of person signing application)							





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUPERMIND INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUPERMIND INC."

WAS INCORPORATED ON THE ELEVENTH DAY OF JUNE, A.D. 2021.

2021 OCT 25 PM 6: 25

6: 25 :

Authentication: 204334258

Date: 10-05-21