(Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	
	W23 137

Office Use Only



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S. FRANKLIN MAY 0 5 2023

COVER LETTER

_	ration Section on of Corporations				
SUBJECT:	Mental Minds Media Inc.				
Sobolett.	Nai	me of corporation	- must include suffix		
Dear Sir or Ma	dam:				
"Certificate of		cate of Good Star	Authorization to Transaction of Transaction and check are subsets in Florida.		
Please return a	Il correspondence conc	erning this matter	to the following:		
Jared Dellinger					
		Name of	Person		
Mental Minds N	4edia Inc.				
		Firm/Con	npany		
PO Box 240675					78
Honolulu III 96	824	Addr	USS		\$2 HAR
		City/State a	ind Zip code	:	<u> </u>
ryan@bridgedfs	.com			\mathcal{U}^{\cdot}	P
12 45 al. 1 6			for future annual report t	notification) 📆	PH 6: 10
For further into	ormation concerning th	is matter, piease (zan:		rr.
Jared Dellinger		at (808) 699-0797		_
Name	of Person	Area Cod	le Daytime Telep	hone Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	•	A DEPARTMENT	TOF STATE 3 \$78,75 Filing Fee & Certified Copy	□ \$87.50 Filio Certificate Certified C	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.

Mental Minds M	fedia Inc.			
	orporation: must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATION	••	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	(business in Florida)	
2. Wyoming	3	3		
	y under the law of which it is incorporated)			
4. 11/01/2014	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6. <u> </u>		-		
		in Florida, if prior to registration) [502, F.S., to determine penalty liabilit	v)	
601 NE 36th Ave	nue 1409 Miami FL 33137	1502(110) to determine pennity mining	,,	
7	(Principal of	fice street address)	20	
PO Box 240675	Honolulu HI 96824		2023 H.M	
	(Current mail	ing address, if different)	70	
			in the	
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	PH 6:	
Name:	Jared Dellinger		±1. 60	
Office Address:	601 NE 36th Avenue 1409			
	Miami	. Florida ³³¹³⁷		
	(City)	(Zip code)		

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	· ·			
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
■Director	Honolulu III 96824	□Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		2023 HA
☐ Secretary	Treasurer	☐Secretary		Treasure
□Other	□Other	□Other		: の : □Other でです
				or or
□Chairman	Name:	□Chairman	Name:	7 5
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Elorida Departm	ent of State Annual R	eport form.	
	etor signing this document (and who is listed in numbulse information submitted in a document to the Depar	er 11 above) affirms th	nat the facts state	d herein are true and that he or

she is aware that false information st s.817.155, F.S.

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Mental Minds Media, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **June 12, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000807598**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of January, 2023 at 9:35 AM. This certificate is assigned ID Number 057777429.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.



March 29, 2023

JARED DELLINGER P O BOX 240675 HONOLULU, HI 96824 US

SUBJECT: MENTAL MINDS MEDIA INC.

Ref. Number: W23000042167

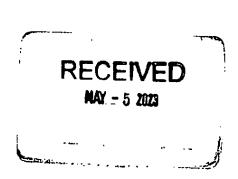
We have received your document for MENTAL MINDS MEDIA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II



Letter Number: 323A00007160