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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 : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Mjlorinr Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Mjornir Corp

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>7901 4th St N STE 300</u>	<u>7901 4th St N STE 300</u>
<u>St. Petersburg, FL 33702</u>	<u>St. Petersburg, FL 33702</u>
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We are innovators and artists who work to depict stories
from military and CIA Lore. We use grants to create an audience for socially significant stories to
spread awareness of scientific innovations and government initiatives to inspire hope in those who
have been affected by trauma due to their disability, race or skin color, gender or sexual orientation
to live a life with purpose among the free people.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>MIKE MCCLANE - DP</u>	Name and Title: <u>JEANCARLO TAVERAS - DT</u>
Address: <u>7901 4th St N STE 300</u>	Address: <u>850 NW 11th Ave APT 11</u>
<u>St. Petersburg, FL 33702</u>	<u>Hallandale, FL 33009</u>
_____	_____
Name and Title: <u>PATRICK BRAVO - DS</u>	Name and Title: _____
Address: <u>7901 4th St N STE 300</u>	Address: _____
<u>St. Petersburg, FL 33702</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR 28 PM 3:33

FILED

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: Northwest Registered Agent LLC

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nat Smith

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

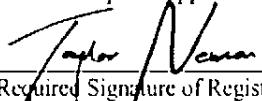
ARTICLE VIII EFFECTIVE DATE:

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 of Registered Agent

04/28/2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

04/28/2023

Date

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