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Department of State

Division of Corporations

Date: 05/18/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Asgard Innovations Inc.

Requester: Corp Services

Order: 131657294

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: ASGARD INNOVATIONS INC		
(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	l a check for:
	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
	e (Printed or typed)	
7050 W PALMETTO PARK	ROAD. #15 300.	
BOCA RATON FL 33433		
City	, State & Zip	
561 403 9084	T-lanking a walland	
Daytime	Telephone number	
OPERATIONS@CORPSVCSIN		
E-mail address: (to be use	ed for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

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

The name of the corporation	on shall be	ASGARD	INNOVAT	ONS INC				
ARTICLE II PRINCI	PAL OFF				Mailing	address, if d	ifferent is:	
5550 GLADES R			<u></u>	70	50 W	PALMET	TO PAI	RK RD.
						#15_3	00.	
BOCA RATON FI	3343	1		B	OCA R	ATON F	L 334	33
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporati	ion is organized is	<u>:</u>					<u> </u>
INTL CONSU	JLTING	, LOGISTIC	S & PRO	CUREMENT (OF EQ	UIPMENT	Γ,	7-12 6-2 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
GOODS, SERV								- '
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								- 17
ARTICLE V INITIAL Name and Title:	FRA1	RS AND/OR DIR NCO V, WAL' PRESIDENT	TER J	Name and Title	CAM	PANA AI SEC	LBAN, RETAR	MARIA Y
Address		DINNER KE				DINNE		
		RATON FL		, ridarosa,	BOCA	RATON	FL 33	498
-				-			,	
Name and Title:_				Name and Title	e:	_		
Address				_ Address:				
-				-			,	
Name and Title:	-			Name and Title	b:			
Address				_ Address:				
-			·			<u>.</u>		<u>, </u>
				_				

Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information and document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: MARCELO, CARLA Address: 7050 W PALMETTO PARK ROAD. #15 300. BOCA RATON FL 33433 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: FRIAS, PATRICIO Address: 7050 W PALMETTO PARK ROAD. #15 300. BOCA RATON FL 33433 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 a filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 descertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information is document to the Department of State constitutes a third degree felony as provided for in x817.155, F.S.	
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(///) MAV 1	submitted ir
Required Signature/Incorporator Date	7, 2021