F18000004344

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	#)		
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(Bu	siness Entity Nam	ne)		
(Document Number)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2018

SAMET OYNAMIS 126 CARLOTTA DR BEAR, DE 19701

SUBJECT: ETERNAL SMOKE, INC.

Ref. Number: W18000070101

We have received your document for ETERNAL SMOKE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 40 days prior to the delivery of the application to the Department of State, duty-authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 218A00015866

COVER LETTER

TO:	Registration Section Division of Corpora ETERNAL SM	tions		
SHR	ETERNAL SA JECT:	TOKE, INC		
JOI,		Name of corporat	ion - must include suffix	
Dear S	Sir or Madam;			
"Certi	ficate of Existence," of		Standing" and check are s	sact Business in Florida," ubmitted to register the
Please SAMI	e return all correspond ET OYNAMIS	ence concerning this ma	tter to the following:	
			of Person	· · · · · · · · · · · · · · · · · · ·
SOCI.	AL ENTERPRISES LLO			2018 SEC. SEC.
126 C	ARLOTTA DR	Firm/C	ompany	SEP 17
BEAR	A/DE 19701	Ac	ldress	100 89
info@	enterprises.social	City/Stat	e and Zip code	20 By
	E	-mail address: (to be use	ed for future annual repo	rt notification)
For fu	erther information con-	cerning this matter, plea	se call:	
SAMI	ET OYNAMIS	302 at (3102176	
	Name of Person	Area C		ephone Number
	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	tions ter Circle	Registration Division of P.O. Box 63	Corporations
Enclo	sed is a check for the	following amount:		
☐ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(If name unavail	able in Florida, enter alternate corporate name adopt 38-4	ed for the purpose of transacting 086453	business in Florida)	-
2	y under the law of which it is incorporated)			
06/21/2018				
4(Date	(Date of incorporation) 5. (Date of duration, if other than perpetu		an perpetual)	-
		•	,	
	(SEE SECTIONS 607.1501 & 607.1502, I AVE. SUITE 1000 (OFFICE 78) 32801 ORLANDO	·	·)	_
	(Principal of	,	2018 S	~~
	(Current mailing add	dress, if different)	EP 17	Canana Canana
	et address of Florida registered agent: (P.O. Bo ANGELA DENISE SMITH	ox <u>NOT</u> acceptable)		
Name: Office Address:	300 S ORANGE AVE, SUITE 1000 (OFFICE 78)		8: 23 0.000 0.0000	بمسا
	ORLANDO	32801		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: sed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relate familiar with and accept the obligations of my	as registered agent and agree we to the proper and complete	e to act in this cape	acity. 1

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS ANGELA DENISE SMITH Chairman: 300 S ORANGE AVE. SUITE 1000 (OFFICE 78) 32801 ORLANDO, FLORIDA Vice Chairman: Address: ______ Director: Director: _____ **B. OFFICERS** President: _____ Address: _____ Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. ANGELA DENISE SMITH, Chairman 13. (Typed or printed name and capacity of person signing application)

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "ETERNAL SMOKE, 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 TENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ETERNAL SMOKE,

INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203232528

Date: 08-10-18

6942705 8300 SR# 20186119682