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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Business Endly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W19-14296				

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COVER LETTER

TO: Registration Section Division of Corporations			
EEP, INC.			
SUBJECT: Nam	ne of corporation	on - must include suffix	
Dear Sir or Madam:	7	mast morage surrix	
The enclosed "Application by Foreign "Certificate of Existence," or "Certification to above referenced foreign corporation to	ate of Good Sta	anding" and check are so	sact Business in Florida," ubmitted to register the
Please return all correspondence conce SHARI GAMER	ming this matt	er to the following:	
PBG FINANCIAL SERVICES LTD.	Name o	f Person	
666 DUNDEE RD. STE 401	Firm/Co	mpany	
NORTHBROOK, IL 60062	Add	ress	
SHGAMER@PBGLTD.COM	City/State	and Zip code	
E-mail addre	ss: (to be used	for future annual report	notification)
For further information concerning this	matter, please	call:	
SHARI GAMER	847 _ at (291-1400 EXT 335	
Name of Person	Area Coo	de Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following an	nount:		
□ \$70.00 Filing Fee ■ \$78.75 Filing Certificate		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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. EEP, INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") EEP GROUP INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 82-1348212 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) 02/15/2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 919 N MARKET ST. STE 950, DELAWARE, 19801 (Principal office address) 1688 S OCEAN LN. APT 164, FT. LAUDERDALE, FL 33316 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) EDUARDO PANEQUE Name: 1688 S OCEAN LN. APT 164 Office Address: FT. LAUDERDALE 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.

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.

Names and business addresses of officers and/or directors: A. DIRECTORS **EDUARDO PANEQUE** Chairman: 1688 S. OCEAN LN. APT 164 Address: FT. LAUDERDALE, FL 33316 Vice Chairman: Address: ___ Director: Address: __ Director: **B. OFFICERS EDUARDO PANEQUE** President: 1688 S. OCEAN LN. APT 164 Address: FT. LAUDERDALE, FL 33316 Vice President: Address: Secretary: ___ Address: ___ Treasurer: 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. EDUARDO PANEQUE, PRESIDENT 13. _ (Typed or printed name and capacity of person signing application)

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EEP, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2019.

Authentication: 202117049

Date: 01-22-19