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S. HAWKES

DEC _ 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT | NO. | : | 120000000195 |
|---------|-----|---|--------------|
| | | | |

REFERENCE : 203117 8355562

AUTHORIZATION : Spellice

COST LIMIT : \$ 70.00

ORDER DATE: November 5, 2021

ORDER TIME : 5:43 PM

ORDER NO. : 203117-005

CUSTOMER NO: 8355562

FOREIGN FILINGS

NAME: ETERNABLU, CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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.

| ETERNABLU, | CORP. | | | | |
|--|---|---|-------------------------|--|--|
| (Enter name of c | orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATIO | N," | | |
| (If name unavail | able in Florida, enter alternate corporate name add | opted for the purpose of transacti | ng business in Florida) | | |
| Delaware 2. | 3 | | | | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | | |
| 4. 08/11/2021 | | | | | |
| | of incorporation) | (Date of duration, if other than perpetual) | | | |
| 6. | | | | | |
| 331 N Kentucky | (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Ave. Deland, FL 32724 | | lity) | | |
| 7. <u>331 11 Itematery</u> | Ave Deland, FL 32724 (Principal office | street address) | | | |
| 331 N Kentucky | Ave Deland, FL 32724 | and casy | 2021 | | |
| | (Current mailing a | ddress, if different) | | | |
| 8. Name and stree | et address of Florida registered agent: (P.O. E | Box NOT acceptable) | | | |
| Name: | Corporation Service Company | _ | M 9: 25 | | |
| Office Address: | 1201 Hays Street | | PATE 25 | | |
| | Tallahassee | , Florida 32301 | | | |
| | (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.

Corporation Service Company

By: Eyem Bee (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.

| Chairman Name: Sal N Kenucky Ave O'Vice Chairman Address: O'Vice Chairman Address: O'Vice Chairman Address: O'Vice Chairman O'Vice C | A. DIRECTORS | | | | | |
|---|------------------------|---|--|---------------------------------|------------------------------------|--|
| Olive Chairman Address: Olive Chairman Address: Olive Chairman Address: Olive Chairman Address: Olive Chairman Olive Chairman Olive Chairman Olive Chairman Olive Chairman Olive Chairman Oliver Oli | | Evan J. Gibson | OChairman Name: | | | |
| Director Deland, FL 32724 Director | | 331 N Kentucky Ave | OVice Chairman | Address: | | |
| □ President □ President □ Vice President □ Vice President □ □ Other □ Other □ □ Other | _ | | Director | | | |
| □Vice President □CEO □Other □ | | | □President | | | |
| Secretary | , <u>-</u> | | Fivice President | | | |
| Secretary □ Pressurer □ Other □ Other □ □ Oth | □Vice President | | • | | | |
| Other Othe | - | - | | | □Other | |
| Chairman Name: | Other CEO | | Other | | | |
| Ovice Chairman Address: Sarasota, FL 34238 Opirector Opi | Chairman | Adam S. Halperin | Chairmun | Name: | | |
| Director | • | 4045 Cascina Way | Vice Chairman | | | |
| Director | | | | | | |
| | Director | | - | · | | |
| Secretary □ Treasurer Secretary □ Treasurer □ Other □ | _ | | _ | | | |
| Secretary Treasurer Secretary Other | □Vice President | | | | | |
| Other | Secretary | Treasurer | • | | - | |
| Chairman Name: | ©FO ■Other <u>*</u> | Other | Other | | Other | |
| Chairman Name: Ovice Chairman Address: Ovice | | | □C'háirman | ·Name: | | |
| Director | Chairman | Name: | | - - | | |
| □ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ | □Vice Chairman | Address: | UVice Chairman | y Adaless: | | |
| □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ □ | Director | | Director | | | |
| □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Other □ | President | | President | | | |
| Secretary | □Vice President | · | Uvice President | ı | | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexect individuals may be added to the index when filing your Florida Department of State Annual Report form. | _ | - · | Secretary | | Treasurer | |
| individuals may be added to the index when filing your Florida Department of Same 7 different responses | Other | Other | (Other | | Other | |
| 6/6/ | individuals may l | : Use an attachment to report more than six (6 be added to the index when filing your Florida |). The attachment will be impartment of State Annual | aged for reporting Report form. | ng purposes only. Non-indexed | |
| 12. Signature of Director or Officer | 12. 2. | 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 | | - | | a that the facte | stated begein are true and that he | |

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

I3. Evan J. Gibsoñ, CEO



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

DELAWARE, DO HEREBY CERTIFY "ETERNABLU, CORP." 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 FIFTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ETERNABLU,

CORP." WAS INCORPORATED ON THE ELEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 204610653

Date: 11-05-21