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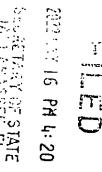
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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## **COVER LETTER**

TO:	O: Registration Section Division of Corporations ETERNAL PERSPECTIVE INVESTMENTS INC								
SUB.	JECT:	RSFECTIVE INVESTIME	MIS INC	•					
		Name of corporat	ion - mu	st include suffix					
Dear :	Sir or Madam:								
"Certi	ficate of Existence," of	by Foreign Corporation or "Certificate of Good Sorporation to transact bus	Standing`	and check are sub					
	e return all correspond ARD BOUTROS	ence concerning this ma	tter to th	e following:					
		Name	of Perso	on					
ETER	NAL PERSPECTIVE IN	NVESTMENTS INC							
		Firm/C	Company						
1130 C	REEKSIDE PKWY UI	NIT 111629							
-		Ac	ldress		<del></del>				
NAPL	ES FL 34108								
		City/Stat	e and Zi	p code	<del></del>				
EDBC	UTROS@SBCGLOBA	L.NET							
	I	E-mail address: (to be us	ed for fu	ture annual report r	otification)				
For fu	rther information con	cerning this matter, plea	se call:						
FITWA	ARD BOUTROS	708	51	528-0289					
		at (		-0-0207					
	Name of Person	Area C	Code	Daytime Telep	hone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
	sed is a check for the	following amount: FLORIDA DEPARTME	NT OF S	STATE					
		\$78.75 Filing Fee & Certificate of Status	□ \$78	.75 Filing Fee & tified Copy	□ \$87.50 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. ETERNAL PERSPECTIVE INVESTMENTS INC 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) ILLINOIS 85-0514321 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) MARCH 24TH 2020 (Date of duration, if other than perpetual) (Date of incorporation) N/A 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1130 CREEKSIDE PKWY UNIT 111629 NAPLES FL 34108 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) EDWARD BOUTROS Name: 1130 CREEKSIDE PKWY UNIT 111629 Office Address: NAPLES 34108 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. (Registered agent's signature)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS	EDWARD BOUTROS								
Chairman	Name:	Chairman	Name:						
□ Vice Chairman	Address: UNIT 111629 NAPLES FL 34108	□Vice Chairman	Address:						
□Director	UNIT THOSE NATION TO SHOW	□Director							
□President		□President		<del></del>					
☐ Vice President		□Vice President							
Secretary	Treasurer	☐ Secretary		☐Treasurer					
Other	Other	Other		□Other					
□Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:						
□Director		□Director							
□President		□President							
□Vice President		□Vice President							
Secretary	Treasurer	□Secretary		□Treasurer					
□Other	Other	Other		□Other					
□ Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:								
□Director		□Director	<del></del>						
□President		□President							
□Vice President		□Vice President							
□Secretary	□Treasurer	☐ Secretary		□Treasurer					
□Other	Other	□Other		□Other					
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Department			urposes only. Non-indexed					
12. 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.  EDWARD BOUTROS CHAIRMAN									

(Typed or printed name and capacity of person signing application)

### File Number

7270-733-8



# To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ETERNAL PERSPECTIVE INVESTMENTS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 24, 2020, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of MAY A.D. 2022 .

Authentication #: 2213000194 verifiable until 05/10/2023

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE