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COVER LETTER

TO: Registration Section Division of Corporations					
	RS INVESTMENTS IN	IC			
SUBJECT:	NI				
	Name of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corporations or the corporation of	ertificate of Good Star	nding" and check are subn			
Please return all correspondence EDWARD BOUTROS	concerning this matte	r to the following:			
	Name of	Person	S.		
UPWARD PARTNERS INVESTME			7022 NAY 16		
	16				
1130 CREEKSIDE PKWY UNIT 11	P				
	Addr	ess	F .		
NAPLES FL 34108			.:. 4: 06		
	-	and Zip code			
EDBOUTROS@SBCGLOBAL.NE	1				
E-mai	l address: (to be used	for future annual report no	otification)		
For further information concerning	ng this matter, please	call:			
EDWARD BOUTROS	708	8 528-0289			
	at (_)			
Name of Person	Area Cod	le Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee		Registration Se	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2415 N. Monroe Street, Stallahassee, FL 32303	Suite 810	Tallahassee, Fl	. 32314		
•	RIDA DEPARTMENT	T OF STATE ☐ \$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

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. UPWARD PARTNERS INVESTMENTS INC 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) ILLINOIS 87-1737978 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) JULY 19TH 2021 (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 (City) 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	DANA POPOUTSIS			
Chairman	Name:	Chairman	Name:	
☐ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	UNIT 111629 NAPLES FL 34108	□Director		
□President		□President		
□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
				202
□Chairman	Name:	□ Chairman	Name:	2022 WAY
□Vice Chairman	Address:	☐ Vice Chairman	Address:	 6
□Director		□Director		
□President		□President		<u> </u>
□Vice President		□Vice President		- 06
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Production of Director or Signature of Director or cortain signing this document (and who is listed in number	nt of State Annual Re	port form.	
	alse information submitted in a document to the Departm			
13.	JOIG CHAIRIMAN			



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

UPWARD PARTNERS INVESTMENTS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 19, 2021, 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 9TH

day of

MAY

A.D.

2022

Authentication #: 2212904134 verifiable until 05/09/2023

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

Desse White

SECRETARY OF STATE