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S. FRANKLIN
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COVER LETTER

TO:	Registration Section Division of Corporations					
~	EB REALTY INC					
SUBJ	JECT:				· · · · · · · · · · · · · · · · · · ·	
	Na	me of corporati	on - mu	st include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certifi referenced foreign corporation	cate of Good St	anding"	and check are sul	act Business in I bmitted to regist	Florida," er the
Please EDWA	return all correspondence conc RD BOUTROS	erning this mat	ter to the	e following:		
	 	Name o	of Perso	n		
EB RE	ALTY INC		,, , , ,,,,	•		
		F:/C-		 -	_	
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Address						
NAPLI	ES FL 34108					0
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	E-mail add	ress: (to be used	for fut	ure annual report	notification)	
For tur	ther information concerning th	is matter, please	call:			
EDWA	RD BOUTROS	708	52	8-0289		
	<u> </u>	at ()			
	Name of Person	Area Co	ode	Daytime Telep	hone Number	
	STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Please n	ed is a check for the following a make check payable to: FLORIDA .00 Filing Fee \$78.75 F Certifica	DEPARTMEN	□ \$78.*	FATE 75 Filing Fee & ified Copy	S87.50 Fi	e of Status &

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. EB REALTY 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) 82-1550344 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) MAY 16TH 2017 (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** (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.

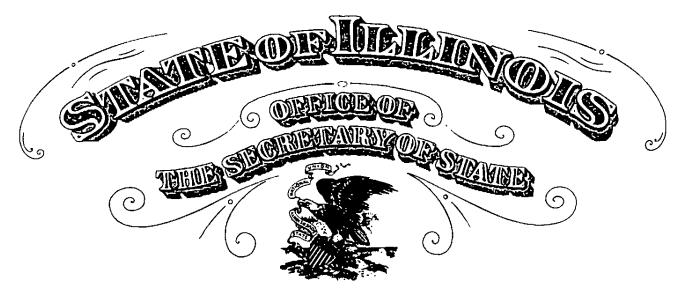
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

A. DIRECTORS	• EDWARD BOUTROS							
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		□Treasurer 022 □Other □A				
				91 A				
□ Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>				
□Director		□Director		7				
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
Other	Other	Other		Other				
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department			rposes 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								

File Number

7127-319-9



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

EB REALTY INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 16, 2017, 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 #: 2212904130 verifiable until 05/09/2023

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

Desse White

SECRETARY OF STATE