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| Certified Copies | _ Certificates | of Status |
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Office Use Only



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COVER LETTER

| TQ: | Registration Section Division of Corporation | nns | | | | |
|--|--|---|--|---------------------------------------|---------------|--------------|
| | • | VANTS INVESTMENT: | S INC. | | | |
| SUBJ | BECT: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | Name of corporat | ion - mus | t include suffix | | |
| Dear S | Sir or Madam: | | | | | |
| "Certi | nclosed "Application by ficate of Existence," or referenced foreign corp | *Certificate of Good S | tanding" | and check are sub | | |
| | return all corresponden RD BOUTROS | ce concerning this ma | ter to the | following: | | |
| FAITE | IFUL SERVANTS INVES | | of Person | | | |
| 1130 C | REEKSIDE PKWY UNI'I | | ompany | | | |
| | | Ac | ldress | | | |
| NAPL | ES FL 34108 | | | | | .3. |
| EDBO | UTROS@SBCGLOBAL. | • | e and Zip | code | | |
| | E-n | nail address: (to be use | ed for futi | re annual report | notification) | 12. |
| For fu | rther information conce | ming this matter, pleas | se call: | | |] |
| EDWA | ARD BOUTROS | 708 | 528 | 528-0289 | | 3: 49 |
| | Name of Person | at (Area C | ode . | 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 | | | |
| Please | | | □ \$78. | FATE 75 Filing Fee & ified Copy | S87.50 Fili | 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. FAITHFUL SERVANTS 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) 92-0732059 ILLINOIS 2. 3. _____ (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7230 171ST ST UNIT 38 TINLEY PARK IL 60477 (Principal office street address) 1130 CREEKSIDE PKWY UNIT 111629 NAPLES FL 34108 (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: 34108 NAPLES (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.

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)

| | ctor signing this document (and who is listed in n | umber 11 above) affirms th | | |
|------------------|--|----------------------------|-------------|---------------------------------------|
| 12. | ALIA | | | |
| | Use an attachment to report more than six (6). The added to the index when filing your Florida Dep | | | purposes only. Non-indexed |
| Other | Other | Other | | □Other |
| Secretary | Treasurer | ☐ Secretary | | ☐ Treasurer |
| □Vice President | | □Vice President | | |
| □President | | □President | | |
| □Director | | □Director | | |
| □Vice Chairman | Address: | □Vice Chai⊓nan | Address: | <u>-</u> |
| □Chairman | Name: | □Chairman | Name: | + |
| □Other | Other | Other | | Other Research |
| ☐ Secretary | Treasurer | ☐ Secretary | | |
| ■ Vice President | | □Vice President | | <u> </u> |
| □President | | □President | | 2022 |
| □Director | | □Director | | |
| □Vice Chairman | Address:UNIT 111629 NAPLES FL 34108 | □ Vice Chairman | Address: | |
| □Chairman | DANA POPOUTSIS Name: | ☐ Chairman | Name: | |
| Other | Other | □Other | | Other |
| □Secretary | □Treasurer | ☐ Secretary | | □Treasurer |
| □Vice President | | ☐ Vice President | | |
| President | | □President | | |
| □Director | ONIT 111022 WAI (32) 1112-1100 | □Director | | · · · · · · · · · · · · · · · · · · · |
| □Vice Chairman | Address:UNIT 111629 NAPLES FL 34108 | □ Vice Chairman | Address: | |
| □Chairman | | Chairman | Name: | |
| A. DIRECTORS | EDWARD BOUTROS | | | |

s.817.155, F.S. EDWARD BOUTROS



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

FAITHFUL SERVANTS INVESTMENTS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 04, 2022, 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 18TH day of OCTOBER A.D. 2022.

Authentication #: 2229102548 verifiable until 10/18/2023

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

Desse White

SECRETARY OF STATE