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PICK-UP WAIT MA	IL
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Eco Promotional Products, Inc.	
	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation is "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Daron Sheldon	
Name	of Person
Eco Promotional Products, Inc.	
Firm/C	Company
1286 Oak Trail Dr	
Ac	ldress
Libertyville, IL 60048	
City/Stat	e and Zip code
darons@ecopromotionsonline.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
Daron Sheldon 847	520-1771
Name of Person Area C	Code Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

Illinoic	3	dopted for the purpose of transacting business in Florida
Illinois	3. 2	(FEI number, if applicable)
	y under the law of which it is incorporated)	
2/8/2008	5	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, it other than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Florida, if prior to registration) 2, F.S., to determine penalty liability)
.286 Oak Trail D	r., Libertyville, IL 60048	
		e street address)
	(Current mailing	address, if different)
	·	
Name and stre	et address of Florida registered agent: (P.O.	
Name and stre	·	Box NOT acceptable)
Name:	et address of Florida registered agent: (P.O.	Box NOT acceptable)
	et address of Florida registered agent: (P.O. Daron Sheldon 1295 Crystal Way, Apt 101	Box NOT acceptable)
Name:	et address of Florida registered agent: (P.O. Daron Sheldon 1295 Crystal Way, Apt 101	Box NOT acceptable)
Name: fice Address:	Daron Sheldon 1295 Crystal Way, Apt 101 Delray Beach (City)	Box NOT acceptable)
Name: fice Address: Registered ag	et address of Florida registered agent: (P.O. Daron Sheldon 1295 Crystal Way, Apt 101 Delray Beach (City) ent's acceptance: led as registered agent and to accept service	Box NOT acceptable) , Florida 33444, Florida (Zip code) a of process for the above stated corporation at the
Name: fice Address: Registered agwing been nan signated in this	et address of Florida registered agent: (P.O. Daron Sheldon 1295 Crystal Way, Apt 101 Delray Beach (City) ent's acceptance: led as registered agent and to accept services application, I hereby accept the appointme	Box NOT acceptable)

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.

A. DIRECTORS Michelle Sheldon Name: _____ Name: □Chairman □ Chairman 1286 Oak Trail Dr Address: □Vice Chairman Address: ☐ Vice Chairman Libertyville, IL 60048 ☐ Director □ Director □ President ■ President ☐ Vice President □Vice President □Treasurer ☐ Secretary ☐ Secretary Treasurer □Other _____ Other _____ □Other _____ ☐ Other _____ Name: ____ Chairman Chairman Name: □Vice Chairman Address: ______ □Vice Chairman Address: _____ □Director □Director President □President □Vice President __ □Vice President ☐ Secretary □ Treasurer ☐ Secretary Treasurer □Other _____ Other ____ □Other □Other _____ Name: _____ □ Chairman □ Chairman Name: □Vice Chairman Address: ______ □Vice Chairman Address: ____ □ Director □ Director □ President □ President □Vice President _______ ☐ Vice President ☐ Treasurer ☐ Secretary Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Flor(da Department of State Annual Report form. 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.

File Number

6600-812-6



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

ECO PROMOTIONAL PRODUCTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 13, 2008, 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 JANUARY A.D. 2024.

Authentication #: 2401001888 verifiable until 01/10/2025

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

Alexi Sianurol....