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S. ROBERTS
DEC 0 3 2021

COVER LETTER

TO: Registration Section Division of Corporation	ns			
SUBJECT: The Happiness F	actory Corp.			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or 'above referenced foreign corporations."	Certificate of Good Stan	ding" and check are subr		
Please return all corresponden	ce concerning this matter	to the following:		
Agustina Grillo				
	Name of	Person		
The Happiness Factory Corp.				
***************************************	Firm/Com	pany		
1422 Wilks Ave.,				
	Addre	ess		
Belle Isle, FL 32809				
	City/State a	nd Zip code		
gustavonealon@hotmail.com				
Е-п	ail address: (to be used f	or future annual report no	otification)	
For further information concer	ning this matter, please o	ali:		
Gus	401 at (889-3650	889-3650	
Name of Person	Area Cod	e Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
_	ORIĎA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate 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.

	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	COM AIT. CONTONATIO	••	
Happiness Facto	ory Inc.			
(If name unavail	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)	
2. Delaware	ry under the law of which it is incorporated)	30-1226439		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 02-13-2020	5.			
(Date	(Date of incorporation) 5. (Date of duration,		other than perpetual)	
6				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501		lity)	
_ 1422 Wilks Ave.	Belle Isle, FL 32809			
		e <u>street</u> address)	S: 2	
			SECONO TALL	
	(Current mailing	address, if different)	3-11	
			$\frac{1}{2}$ ω	
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Agustina Grillo		C-3 PM I2: 28	
	1422 Wilks Ave,		F 68	
Office Address:				
	Belle Isle (City)	, Florida		
		(Zip code)		

(Registered agent's signature)

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.

A. DIRECTORS Name: Agustina Grillo Chairman Name: □ Chairman 1422 Wilks Ave, Belle Isle, Address: ☐ Vice Chairman ☐ Vice Chairman Address: FL 32809 □ Director Director □ President □ President ☐ Vice President ☐ Vice President □Treasurer □Treasurer □ Secretary ☐ Secretary Other _ AR Other _____ □Other _____ □Other _____ Name: ☐ Chairman Name: □ Chairman Address: ____ □ Vice Chairman Address: _____ □ Vice Chairman Director □ Director □President □ President ☐ Vice President □ Vice President □Treasurer □Treasurer □ Secretary ☐ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □Chairman Name: _____ ☐ Chairman ☐ Vice Chairman Address: □ Vice Chairman Address: _____ □ Director □ Director President □President ☐ Vice President □Vice President _____ ☐ Secretary ☐ Treasurer □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 Florida Department of State Annual Report form. \$ignature 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.

Agustina Grillo, Authorized Representative

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE HAPPINESS FACTORY CORP" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE HAPPINESS FACTORY CORP" WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204701572

Date: 11-16-21

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