

F-22100003207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

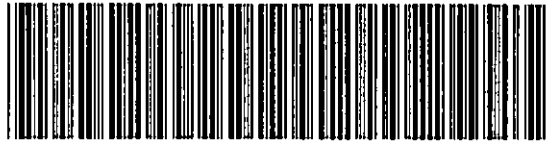
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/22--01025--021 **70.00

2022 MAY -4 P11 5:08

S. FRANKLIN

MAY 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Erigo Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark Jasper

Name of Person	
Erigo Inc.	
Firm/Company	
211 Grandview Drive, Suite 206	
Address	
Fort Mitchell, KY 41017	
City/State and Zip code	
mjasper@erigoes.com	
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Mark Jasper	859	at ()	905-0092
Name of Person	Area Code		Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$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.

1. Erigo Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Erigo Employer Solutions
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
 2. Kentucky 3. 45-2569924
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/17/2011 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. 4/1/2022
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16625 Oxenham Avenue Spring Hill, FL 34610
 (Principal office address)
 211 Grandview Drive, Suite 2016, Fort Mitchell, KY 41017
 (Current mailing address, if different)

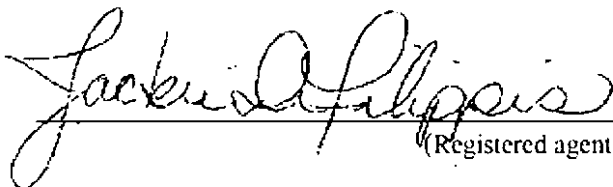
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
 Office Address: 17888 67th Court North
 Loxahatchee, Florida 33470
 (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.

 Jackie DeFilippis on behalf of InCorp Services, Inc.
 (Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Carol Fausz _____

Address: 3019 Village Drive _____
Edgewood, KY 41017 _____

Vice Chairman: _____

Address: _____

Director: Bari Joslyn _____

Address: 16 Superior Avenue _____
Fort Mitchell, KY 41017 _____

Director: Susan Schroder _____

Address: 882 Winterhaven Court _____
Villa Hills, KY 41017 _____

B. OFFICERS

President: Allyson Cook _____

Address: 3087 Friars Lane _____
Edgewood, KY 41017 _____

Vice President: _____

Address: _____

Secretary: Mark Jasper _____

Address: 90 Creekwood Drive #10, Wilder, KY 41071 _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13. Mark Jasper, Secretary _____

(Typed or printed name and capacity of person signing application)

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dave Stephens

Address: 3650 State Route 465

Sparta, KY 41086

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13. Mark Jasper, Secretary _____

(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 269663

Visit <https://web.sos.ky.gov/fts/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

ERIGO INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is June 17, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 29th day of April, 2022, in the 230th year of the Commonwealth.

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Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
269663/0794004