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S. FRANKLIN MAY 2 1 2022

COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUB.	Erigo Inc.					
500		Name of corp	oration -	must include suffix		
Dear	Sir or Madam:					
"Cert	ificate of Existence,"	n by Foreign Corporat or "Certificate of Go corporation to transact	od Standi	ng" and check are sub	ct Business in Florida," omitted to register the	
Please	c return all correspor	idence concerning this	matter to	the following:		
Mark	Jasper				2022	
-		Na	me of Pe	rson	2022 H.i Y - 4	
Erigo	Inc.				- <u></u>	
	·	Fir	m/Compa	iny		
211 G	randview Drive, Suite	206			î û ≖	
			Address	<u> </u>		
Fort N	Mitchell, KY 41017					
		City/	State and	Zip code		
mjasp	er@erigoes.com					
		E-mail address: (to be	used for	future annual report	notification)	
For fu	arther information co	ncerning this matter, p	olease cal	1:		
Mark Jasper		85' at (9	905-0092		
	Name of Person		ea Code	Daytime Telep	hone 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			
Enclo	sed is a check for the	following amount:				
= \$7	0.00 Filing Fee [3 \$78.75 Filing Fee & Certificate of Statu		878.75 Filing Fee & Certified Copy	S87.50 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.

Erigo Inc.						
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"				
Erigo Employer	Solutions					
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)			
Kentucky	3.	45-2569924				
	y under the law of which it is incorporated)	(FEI number, if applicable)				
06/17/2011	5					
	(Date of incorporation) (Date of duration, if other th					
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)					
16625 Oxenham	16625 Oxenham Avenue Spring Hill, FL 34610					
	(Principal office address)					
211 Grandview D	PH					
	(Current maili	ng address, if different)	PH 5: 08			
Name and stree	t address of Florida registered agent: (P.0	O. Box NOT acceptable)				
Name:	InCorp Services, Inc.					
ffice Address:	17888 67th Court North					
	Loxahatchee	33470 , Florida				
	(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, In

(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 Carol Fausz Chairman: 3019 Village Drive Address: Edgewood, KY 41017 Bari Joslyn Director: 16 Superior Avenue Address: Fort Mitchell, KY 41017 Susan Schroder Director: 882 Winterhaven Court Address: Villa Hills, KY 41017 **B. OFFICERS** Allyson Cook President: 3087 Friars Lane Address: Edgewood, KY 41017 Vice President: Address: _ Mark Jasper Secretary: 90 Creekwood Drive #10, Wilder, KY 41071 Address: Address: _____ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

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.

Mark Jasper, Secretary

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Vice Chairman: Address: ______ Dave Stephens Director: _ 3650 State Route 465 Address: _ Sparta, KY 41086 Address: _____ **B. OFFICERS** Address: _____ اب Vice President: Address: ______ Secretary: ______ Address: _____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

Mark Jasper, Secretary

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/ftshow/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 a ual 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.



Michael G. adam

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