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COVER LETTER

_	itration Section ion of Corporati	ons			
SUBJECT:	Enrichly HR, In	e.			
		Name of co	orporation -	must include suffix	
Dear Sir or M	adam;				
"Certificate o		"Certificate of C	Good Stand	ing" and check are sub	ct Business in Florida," omitted to register the
Please return	all corresponder	ce concerning t	his matter t	o the following:	
Tessa Schwarz					
		<u></u>	Name of P	erson	
Capbase Agent	& Document Se	vices LLC			
		<u> </u>	Firm/Comp	any	
1007 North Or	ange Street, Floor	4			
			Addres	s	
Wilmington, D	E 19801				
		Ci	ty/State and	d Zip code	
fīlings@capbas					
	E-r	nail address: (to	be used fo	r future annual report r	notification)
For further int	formation conce	rning this matte	r, please ca	N:	
Tessa Schwarz		at (302) 4 07-0697	
Name	of Person		Area Code	Daytime Telep	hone Number
Regist Divisi The C 2415	tration Section on of Corporation entre of Tallaha N. Monroe Street tassee, FL 3230	ons ssee et, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	•		RTMENT (v & □	OF STATE \$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.

Enrichly HR, In	ic.			
	corporation; must include "INCORPORATED," forp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION	1,'''	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	g business in	Florida)
Delaware	3.	93-2255931		
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)		
06/26/2023	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,150)		y)	
215 Prospect St,	Ridgewood, NJ 07450 (Principal office	street address)		
	(Current mailing	address, if different)		
. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)		HAF 6707
Name:	Veorp Agent Services, Inc.			JAK
Office Address:	1200 South Pine Island Road		. .	30
	Plantation	, Florida 33324		
	(City)	(Zip code)	• • •-	૩: 57

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.

Anthony Palazzo, Assistant Secretary

(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.

A. DIRECTORS						
□Chairman	Michael Pires Name:	□Chairman	Name:	·· · · · · · · · · · · · · · · · · · ·		
□Vice Chairman	Address: 215 Prospect St	□Vice Chairman	Address:			
Director	Ridgewood, NJ 07450	□Director				
President		□President				
□Vice President		□Vice President				
Secretary	■ Treasurer	□Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman				
Director	Palm Beach Gardens, FL 33410	□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	☐ Treasurer	☐ Secretary	į	□Treasurer		
□Other	□Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	[□Treasurer		
□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. 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 berein are true and that he are						

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. Michael Pires, President, Secretary, Treasurer, Director
(Typed or printed name and capacity of person signing application)

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ENRICHLY HR, INC." 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 TWENTIETH DAY OF NOVEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENRICHLY HR,

INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2023.

Authentication: 204635385

Date: 11-20-23