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DATE: 01/08/2025

NAME: APPWORK TECHNOLOGIES, INC

TYPE OF FILING: APPLICATION

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	FCT. AppWork Technologies, Inc.					
SUDI		of corporation	- must include suffix			
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stan	ding" and check are sub-			
Please	return all correspondence concerni	ng this matter	to the following:			
Stepher	ı Zagami					
		Name of	Person			
PCS						
		Firm/Com	pany			
11 Huf	f Road					
		Addre	ess			
Milford	I, MA 01757					
_		City/State a	nd Zip code			
seanl@	appworkeo.com					
	E-mail address	: (to be used f	or future annual report n	otification)		
For fur	ther information concerning this m	atter, please c	all:			
Stepher	n Zagami	508 at (904-6696			
_	Name of Person	Area Code	e Daytime Teleph	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S- Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r	ed is a check for the following amonake check payable to: FLORIDA DE 00 Filing Fee	EPARTMENT g Fee &	OF STATE 378.75 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. AppWork Tech					
	orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florid	<u>a)</u>		
2. Delaware	2				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
July 25, 2016					
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502				
7. 581 N. Franklin T	Furnpike, Ramsey, NJ 07446				
	(Principal office	street address)	_		
	(Current mailing :	iddress, if different)	i Siyi		
9 Name and atrac	at address of Florida registered gasset. (D.O.)	Ray NOT accontable)			
6. Name and <u>stree</u>	et address of Florida registered agent: (P.O. l	30x NOT acceptable)	i i i i i i i i i i i i i i i i i i i		
Name:	NRAI Services, Inc.				
Office Address:	1200 South Pine Island Road		BE CHAIR BY STATE		
	Plantation	Florida 33324	NOI I		
	(City)	(Zip code)			
designated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointmen	of process for the above stated corporation at that as registered agent and agree to act in this capitive to the proper and complete performance of ion as registered agent.	pacity. 1		
_	as Asst. Secretary of N (Registered agent's sign	RAI Services, Inc.			
	(Registered agent's sign	ature)			
10. Attached is a	certificate of existence duly authenticated, no	ot more than 90 days prior to delivery of this appl	ication to		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
DChairman	Name: Akiva Landsberg	□Chairman	Name:	Naftali Halberg			
□Vice Chairman	Address: 581 N. Franklin Turnpike	□Vice Chairman	Address:	581 N. Franklin Turnpike			
■ Director	Ramsey, NJ 07446	☑ Director		Ramsey, NJ 07446			
∑President		□President					
□Vice President		□Vice President					
	™ Treasurer	☐ Secretary		□Treasurer			
Other CEO	□ Other	□Other		Other			
□Chairman	Name:Israel Katz	□Chairman	Name:				
□Vice Chairman	Address: 581 N. Franklin Turnpike	□ Vice Chairman	Address: _				
☑Director	Ramsey, NJ 07446	Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□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. Akiva Landsberg Signature of Director or Officer							
O 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. Akiya Landsberg, CEO							

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "APPWORK TECHNOLOGIES, 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 SIXTEENTH DAY OF DECEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APPWORK TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2016.

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

Authentication: 205146498

Date: 12-16-24