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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Gryphon Financi (Name of corpo	AL Securities Corp.		
(Name of corpo	plation - must include surfix)		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.			
Please return all correspondence concerning this n	· -		
Younis Zubcharich			
(Nan	ne of Person)		
Younis Zubchausch (Nam Gryphon Financia L Secu (Fin	uties Con?	<u>}</u>	
(Fixe	/Company)	<u> </u>	
210 CANGE huny Daive West	Tet A Condone	FI.	
()	Address)		
Palm Board Gardens, F. (City/S	Lorda -		
(City/S	tate and Zip code)		
, ,		1 5 8	
For further information concerning this matter, ple	ase call:		
The state of the s			-
Youris Zubchevich at (9) (Name of Person) (A	17, 2575137		-
(Name of Person) (A	rea Code & Daytime Telephone Number)		•
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STREET ADDRESS:	MAILING ADDRESS:		-
Registration Section	Registration Section		ŕ
ivision of Corporations Division of Corporations			
9 E. Gaines St. P.O. Box 6327			
Tallahassee, FL 32399	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
☐ \$70.00 Filing Fee	\$ \$78.75 Filing Fee & \$87.50 Filing Certified Copy Certificate Certified Copy	f Status &	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITT	TO TO	
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
1. Gryphon FINANCIAL SecuritiES Corp.		
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)		
2. Delaware 31 13-406 7398		
2. Delaware (State or country under the law of which it is incorporated)  3. 13-406 7398 (FEI number, if applicable)		
4. June 24, 1999 (Date of incorporation)  5. Respected (Duration: Year corp. will cease to exist or "pe	Ĭ	
6. Upin qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon quali		
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon quali (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	cation.")	
7. 400 ROYAL PAIN WAY Ste 300 PAIN Brach FL. 33	480	
7. 400 ROYAL Palm Way Ste 300 Palm Brach FL. 33 (Principal office address) 210 CANterbury Dr. West, Palm Brach Coarden, Fl. 3. (Current mailing address)	3418	
(Current mailing address)		
8. Registered Securities broken dealer (Purpose(s) of corporation authorized in home state or dountry to be carried out in state of Florida)		
(Purpose(s) of corporation authorized in home state or dountry to be carried out in state of Florida)		
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptab	<b>(e)</b>	
Name: Mikhail Vorolensyev		 4**
Name: Michael Vorolensyev. Office Address: 802 Mannail Circle		
Jupile. 234-		
Tup ( Les . Florida 334777 (City) (Zip code)		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporate designated in this application, I hereby accept the appointment as registered agent and agree to act in	this canacity.	e I
further agree to comply with the provisions of all statutes relative to the proper and complete perform	ince of my	^
duties, and I am familiar with and accept the obligations of my position as registered agent.		
/hy/h	ı	
(Registered agent's signature)		
11 Attached is a cortificate of evigtance duly authoritized and an action of		

11. 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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Address: 210 CANteshury Drive West, Palm Beach GA	ders Fl. 33418
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Yours Zubcheuich  Address: 210 CANterbury Drive West, Palm Beach GA	rdin, Fl. 33418
Vier President:	
Address:	}
Secretary:	<u> </u>
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/	or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	plication)
(Typed or printed name and capacity of person signing application)	

## Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRYPHON FINANCIAL SECURITIES 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2003.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 2609417

DATE: 08-29-03

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