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## **COVER LETTER**

TO: New Filing Section Division of Corporations	1 11	
SUBJECT: Gryphon Investment ( Name of corporation - must include	Dilders, INC	
Name of corporation - must include	Suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization t "Certificate of Existence," or "Certificate of Good Standing" and chec above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following	ıg:	
Andrew Constantinou		
Sryphon Investment Be Firm/Company	ilders	
Firm/Company		
2433 Elgin Ct, Wellington,	FL 33414	
Wellington, FL 336  City/State and Zip code  GINVEST B @ GM  E-mail address: (to be used for future annual	414	
City/State and Zin code		
GINVEST B@GM.	ATL. COM	
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter, please call:		
Andrew Constantinou at (561) 596  Name of Person Area Code & Daytim	- 6605	
Wallie of Felson Area Code & Daylini	e reteptione Number	
	·	
STREET/COURIER ADDRESS: MAILING ADDRESS:		
New Filing Section New Filing Section Division of Corporations Division of Corporations		
	P.O. Box 6327	
	hassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Cop		

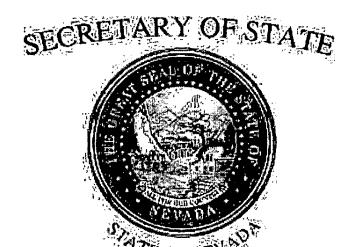
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Cryphon Investment Builders, TNC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business.)  2.		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 2433 Elgin (+ Wellington, FL 33414  (Principal office address)  2433 Elgin (+ Wellington, PL 33414  (Current mailing address)		
(Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Andrew (Onstantinou)	12 00 FALLA	<b>*</b> - !
Office Address: $2433 E/gin Ct$ Wellington, Florida $334/4$ (City) (Zip code)	OT 18 PH 1:55	и
Having been named as registered agent and to accept service of process for the above stated corporates designated in this application, I hereby accept the appointment as registered agent and agree to act to further agree to comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obtigations of my position as registered agent.  (Registered agent's signature)	in this capac	ity. I

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
Chairman: Andrew Constantinou
Address: 2433 Elgin H Wellington, FL 334/4
Vice Chairman: Brian Constantinou
Address: 2433 Elgin (+ Wellington, FL 33414
Director: Andrew Constantinou  Address: 2433 Elgin Ct Wellington, FL 33414
Director: Brian Constantinou
Address: 2433 Elgin C+ Wellington, FL 33414 = 13
B. OFFICERS President: Andrew Constantinou
President: Andrew Constantinou  Address: 2433 Elgin Ct, Wellington FL 334/4 = 31
Vice President: Brian Constantinou
Address: 2433 Elgin Ct, Wellington, FL 33414
Secretary: Brian Constantinou
Address: 2433 Elgin Ct, Wellington, FL 33414
Treasurer: Andrew Constantinou
Address: 2433 Elgin Ct Wellington FL 33414
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13 Ma de latto
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 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 third degree felony as provided for in s.817.155, F.S.
14. Andrew Constantinou

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



12 OCT 18 PH 1: 55

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GRYPHON INVESTMENT BUILDERS**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 1, 2012, and is in good standing in this state.

OF THE PARTY OF TH

Secretary of

Electronic Certificate
Certificate Number: C20121011-0333
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 11, 2012.

ROSS MILLER Secretary of State