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(Document Number)				
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COVER LETTÉR

Department of State **New Filing Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RECEIVED 13 JUL 19 PM 1: 27

BEPARTHER OF STATE DIVISION OF CORFERATIONS TALLAMASSEL FOR BA

SUBJECT:	PROPOSED CORPORA	ACTORY, TE NAME - MUST INCLU	Lnc. UDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
Filing Fee Fil	\$78.75 ing Fee Certificate of Status	\$78.75 Filling Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
W 130003			PY REQUIRED		
FROM:	Apps F Name 33 Plaz	actory, I (Printed or typed) a Real	-nc		
<u>-</u> G54	Baca Ro	ton, FC State & Zip	<u> 3393</u> 2_		
		elephone number	JUL &L		
	F-mail address: (the use	tactory, Co	notification) 5		

NOTE: Please provide the original and one copy of the articles.



Division of Corporations

June 25, 2013

SHANA WEINER 3080 HOLIDAY SPRINGS BLVD. MARGATE, FL 33063

SUBJECT: GRIFFON CAPITOL GROUP

Ref. Number: W13000036623

We have received your document for GRIFFON CAPITOL GROUP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please list the street address of each officer/director.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 713A00015909

DIVISION OF COMPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE VISION OF CORPORATIONS

The name of the corporation shall be: Apps Factory, Inc.		DIVISION OF CORPORATION
	INCIPAL OFFICE Principal street address	13 JUL 19 AMII: 50 Mailing address, if different is:
Boca Raton	, FL 33432	
ARTICLE III PUR	the comparation is organized is: To be a	business incubator for companies
		pplications and any other legal
business pu		
ADTICLE IV SH	APES 4 000 000	
The number of shares o	ARES 1,000,000	
ADMINI D. II. ISB		
	<i>TIAL OFFICERS AND/OR DIRECTORS</i> Michael Williams, CFO	Name and Title:
Name and Titl	433 Plaza Real	Name and Title:
Address	400 Flaza Fleai	Address:
	Boca Raton, FL 33432	
N1 1 20% d	Michael Williams, Director	Name and Title:
Address	422 Plaza Poal	
Address	Boca Raton, FL 33432	Address:
Name and Title	e:	Name and Title:
Address		Address:

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Michael Williams	the registered agent is:	
Address:	433 Plaza Real		
Address:	Boca Raton, FL 33432		
ARTICLE VII	INCORPORATOR		
The <u>name and add</u>	dress of the Incorporator is:		
Name:	Michael Williams		
Address:	433 Plaza Real		
	Boca Raton, FL 33432		
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	istered agent and agree to act in	this capacity
-/M	Required Signature/Registered Agent		July 15, 2013
	ment and affirm that the facts stated herein are to department of state constitutes a third degree felong		information submitted in a
1/Cliefs	Il /1 / llane	D	July 15, 2013
y and	Required Signature/Incorporator	<u> </u>	Date

SECRETARY OF STATE
JIVISICA OF CORPORATIONS
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