

P/6000099715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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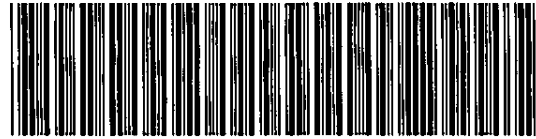
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

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

AppLabs Group, Inc.

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

7189 Lake Island Drive
Address

Lake Worth, FL 33467
City, State & Zip

561-346-1096
Daytime Telephone number

ajripin@hotmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

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

ARTICLE I NAME

The name of the social purpose corporation shall be AppLabs Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6555 Sanger Rd
Suite 120
Orlando, FL 32827

7189 Lake Island Drive
Lake Worth FL 33467

ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

Transforming healthcare for the good of all, around the world.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

Advancing market capabilities through people, process and technology.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Harry P. Pappas, CEO

Name and Title: David S. Metcalf II

Address 900 N. Orange St.
Suite 501
Media, PA 19063

Address: Chairman
1370 Grand Cayman Dr
Merritt Island FL 32952

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

If applicable, BENEFIT DIRECTOR:

Name : _____

Address _____

If applicable, BENEFIT OFFICER:

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Aaron J. Ripin

Address: 7189 Lake Island Drive
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aaron J. Ripin

Address: 7189 Lake Island Drive
Lake Worth, FL 33467

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12 / 15 / 2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

12 / 15 / 2016

Date