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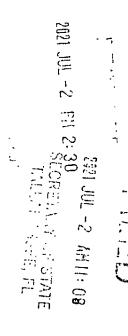
(Req	uestor's Name)	
(Adda	ress)	
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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CAPITAL CONNECTION, INC."

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

APS CAPITAL GR	OUP CORP	
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
	- 	Driving Record
Requested by: SETH	06/20/01	UCC 1 or 3 File
	$\frac{06/30/21}{P_{\text{out}}}$	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

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

SUBJECT: AP	S CAPITAL GROUP CORP		
5050Ec1	(PROPOSED CORPOR	ATE NAME – <u>MÜST İNCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	f a check for:
□ \$70.0 Filing Fe	0 □ \$78.75 ee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	STONE TOWER GROUP LLC.	ne (Printed or typed)	
	1395 BRICKELL AV. SUITE 800		
		Address	
	MIAMI, FL 33131		
	City	, State & Zip	
	786 286 3178		
	Daytime	Telephone number	
	SA@STONETOWER-GROUP.COM		
	E-mail address: (to be use	ed for future annual report n	iotification)

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

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

The name of the corporat	ion shall be: APS CAPITAL GROUP COR	ρ	
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		ss, if different is:
MIAMI, FL 33131			
ARTICLE III PURPO The purpose for which the		ALL LAWFUL BUSINESS	
			S) 52
ARTICLE IV SHARE The number of shares of s	ES 1000 tock is:		-2 MH
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		OF STAT
Name and Title	SANTIAGO ARBELAEZ, D	Name and Title:	
Address	1395 BRICKELL AV. SUITE 800	Address:	
	MIAMI, FL 33131		
	SANTIAGO GOMEZ, D		
Name and Title:	601 BRICKELL KEY DR. SUITE 700	Name and Title:	
Address		Address:	
	MIAMI, FL 33131		
Name and Title:		Name and Title:	
Address		Address:	

Name a	nd Title:	Name and Title:
Addres	ss	Address:
ARTICI F VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	FLORIDA PMG CORP	
Address:	1395 BRICKELL AV. SUITE 800	
	MIAMI, FL 33131	
		
<u>ARTICLE VII</u>	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	SANTIAGO ARBELAEZ	
Address:	1395 BRICKELL AV. SUITE 800	
	MIAMI, FL 33131	
ARTICLE VIII	EFFECTIVE DATE:	(ORTIONAL)
(If an effective	f other than the date of filing:	nnot be more than five days prior or 90 days after the
filing.)		
Note: If the dat	e inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, this date will not be listed
	or other state of the parameter of other states	
Having been nat certificate, Lam	med as registered agent to accept service of proce. familiar with and accept the appointment as regi	is for the above stated corporation at the place designated in tered agent and agree to act in this capacity
		07-02-2021
//	Required Signature/Registered Agent	07-02-2021 Date
I sugnet this do	cument and affirm that the facts stated herein i	re true. I am aware that the false information submitted t
doduntent to the	Department of State constitutes a third degree fe	ony as provided for in s.817.155, F.S.
17		
Required Signar		07-02-2021