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SECRETARY OF STATE



COVER LETTER

TO:	New Filing Section
	Division of Corporations

SUBJECT: PAX ASSIST INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

	Name of Person
PAX ASSIST INC	
	Firm/Company
149 BEACH 73RD STRE	ET
	Address
ARVERNE NY 11692	
	City/State and Zip code
accounts@paxassist.com	
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat	tter, please call:
Nazeer Kalachikan	718 945-2354
Name of Person	Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed	is a	check	for	the	fol	lowing	amount
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\$70.00 Filing Fee	\$78.75 Filing Fee &
	Cartificate of Status

□ \$78.75 Filing Fee & Certified Copy

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO ST STATE OF THE ST REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. PAX ASSIST INC (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 in Florid (State or country under the law of which it is incorporated)

3. 26-2254366 2. NEW YORK (FEI number, if applicable) 03/10/2008 (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) NO BUSINESS TRANSACTED YET (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.150) & 607.1502, F.S., to determine penalty liability) 149 Beach 73rd Street Arverne NY 11692 (Principal office address) 149 Beach 73rd Street Arverne NY 11692 (Current mailing address) wheelchair service (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NINO EVREN

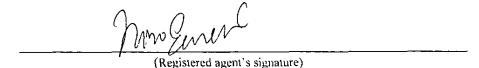
10. Registered agent's acceptance:

Vero Beach

Name:

Office Address:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



2825 Airport Drive RM 206

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:	
Address:	
<u> </u>	120g 19 1
Vice Chairman:	The state of the s
Address:	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
	The second secon
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: ASMAHAN DAHBALI	
Address: 149 Beach 73rd Street	
Arverne NY 11692	
Vice President: TIMUR EVREN	
Address: 149 Beach 73rd Street	
Arverne NY 11692	
Secretary: Timur Evren	
Address: 149 Beach 73rd Street Arverr	ne NY 11692
Treasurer: Nazeer Kalachikan	
Address: 149 Beach 73rd Street ARver	ne NY 11692
NOTE: If necessary, you may attach an addendum to	he application listing additional officers and/or directors.
13.	
Signature o The officer or director signing-this document-(and who	f Director or Officer is listed in number 12 above) affirms that the facts stated herein on submitted in a document to the Department of State constitutes
14. A SMAHAN DAHA	ALI

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PAX ASSIST, INC. was filed on 03/10/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 10th day of March two thousand and fourteen.

Christing Science in Executive Deputy Secretary of State

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