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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERFECT HEALTH SUPPLIES, 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", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

AMER RAEES

(Name of Person)

PERFECT HEALTH SUPPLIES, INC.

(Firm/Company)

6373 N. Orange Blossom Trail, Unit B

(Address)

Orlando FL 32810

(City/State and Zip code)

For further information concerning this matter, please call:

AMER RAEES

(Name of Person)

at (407) 298-1772

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS
04 JAN 20 PM 12:01

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PERFECT HEALTH SUPPLIES, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 11-3495077

(FEI number, if applicable)

4. 06-11-1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 931 Ascan St, Valley Stream, NY 11580

(Principal office address)

6373 N. Orange Blossom Trail, Unit B, Orlando FL 32810

(Current mailing address)

8. Distribution/Warehouse of Medical Supplies.

(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 or Mail Drop Box **NOT** acceptable)

Name: AMER RAEES

Office Address: 6373 N. Orange Blossom Trail, Unit B

Orlando

(City)

, Florida 32810

(Zip code)

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10. Registered agent's acceptance:

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.

Ames Raees

(Registered agent's signature)

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: _____

Vice Chairman: _____

Address: _____

N/A

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: AMER RAEES

Address: 6373 N. Orange Blossom Trail, Unit B
Orlando FL 32810

Vice President: RIFFAT HAYAT

Address: 931 Ascan St
Valley Stream NY 11580

Secretary: FARINA AMER

Address: 6373 N. Orange Blossom Trail, Unit B Orlando FL 32810

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

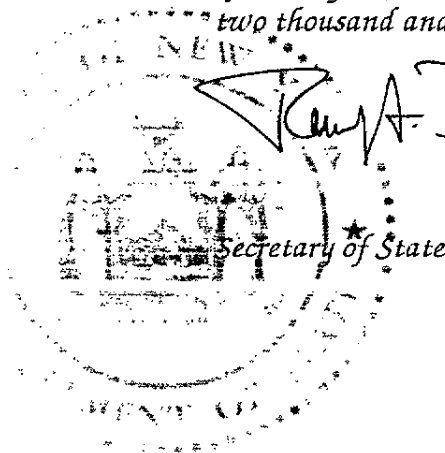
13. Ames Raees
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. AMER RAEES / President
(Typed or printed name and capacity of person signing application)

State of New York } **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of PERFECT HEALTH SUPPLIES, INC. was filed on 06/11/1999, 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 a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of January
two thousand and four.*



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