

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address	:			

#### FOREIGN PROFIT/NONPROFIT CORPORATION NZR Retail of Toledo Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: NZR Retail of Toledo Inc.	
Name of corporation - n	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business	g" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Teri Goins	
Name of Per	son
NZR Retail of Toledo Inc.	
Firm/Compar	ру
4820 Monroe St.	
Address	-
Toledo, OH 43623	
City/State and	Zip code
Teri.nzr@gmail.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
Teri Goins	
Name of Person Area Coc	le & 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 following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$	78.75 Filing Fee & Sa7.50 Filing Fee, crtified Copy Certificate of Status & Certified Copy



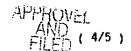
14 OCT -1 PM 2:01

## SECRE IAN OF STATE APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTORDE BUSINESS IN PLORIDA

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

1. NZR Retail Of Tole	•		
(Enter name of corpo "Inc.," "Co.," "Corp,	ration; must include "INCORPORATE " "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavailable	in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business in Florida)	
2. Ohio		3.	
(State or country un	der the law of which it is incorporated)	* **	
4		5. Perpetual	
(Date of is	ocorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6			
	(Date first transacted busines	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
4142 MONROE ST	, TOLEDO,OH 43606	.1502, F.S., to determine penalty habitily)	
7	(Principal office a	ddynac)	
142 MONROE ST.	TOLEDO, OH 43606		
	(Current mailing a	ddress)	
	•	<b>,</b>	
8. Name and street ad	dress of Florida registered agent: (	P.O. Box NOT scceptable)	
Name:	C T Corporation System	<del>-</del> .	
Name:	1200 South Pine Island Road	<del></del>	
Office Address:	1200 South Fine Island Road		
	Plantation	, Florida	
<del></del>	(City)	(Zip code)	
	seccentance:		
Registered agent's	aces per mentes		
Having been named a		rvice of process for the above stated corporation at the place	
Having been named a designated in th <mark>is</mark> app	lication, I hereby accept the appoi	ntment as registered agent and agree to act in this capacity. I	
Having been named a designated in this app further agree to comp	lication, I hereby accept the appoi ly with the provisions of all statute		
Having been named a designated in this app further agree to comp	lication, I hereby accept the appoi ly with the provisions of all statute	ntment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my	
designated in this app further agree to comp dutles, and I am famil	lication, I hereby accept the appoi ly with the provisions of all statute	ntment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my	
Having been named a designated in this app further agree to comp dutles, and I am famil	lication, I hereby accept the appointly with the provisions of all statute liar with and accept the obligations	ntment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my is of my position as registered agent.	

10. 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.



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SECREDAGE OF STATE

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Cheirman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Yazzeed Qaimari
Address:
Toledo, OH 43623
Vice President: Naqid Hasan
Address: 3905 Hillandale Rd W
Ottawa Hills, OH 43606
Secretary:
Address:
Address:
Addition.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.
13. Nagid Hasan
(Typed or printed name and especity of person signing application)



14 OCT - 1 PH 2: 01

SECREISAL OF STATE

# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NZR RETAIL OF TOLEDO INC., an Ohio corporation, Charter No. 1449446, having its principal location in Toledo, County of Lucas, was incorporated on March 15, 2004 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of October, A.D. 2014.

Ohio Secretary of State

n Husted

Validation Number: 201427400912