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HALL COUNTY, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ICNA Relief USA Programs, Inc
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Muhammad Usman

Name of Person

ICNA Relief USA Programs, Inc

Firm/Company

8791 144th St

Address

Jamaica, NY 11435

City/State and Zip Code

office@icnarelief.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Muhammad Usman

Name of Person

at (718)

658-7028

Area Code & Daytime Telephone Number

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. ICNA Relief USA Programs, Inc

(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

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

3. 043810161

(FEI number, if applicable)

4. 2/22/2005

(Date of Incorporation)

5. Perpetual

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

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7360 Mardell Court, Orlando, FL 32835

(Principal office address)

8791 144th St., Jamaica, NY 11435

(Current mailing address)

8. All Non-Profit Relief Purposes

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Arthur Richards**

Office Address: **7360 Mardell Court**

Orlando

(City)

Florida 32835

(Zip Code)

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.



(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 addresses of officers and/or directors

A. DIRECTORS

Chairman: Mohsin Ansari
Address: 28134 Pathfinder Ct
Salisbury, MD 21801-7419

Vice Chairman: Aleem Uddin
Address: 9440 Fontainebleau Blvd #211
Miami, FL 33172

Director: Atif Nazir
Address: 541 Manchester Ct
Piscataway, NJ 08854

Director: _____
Address: _____

B. OFFICERS

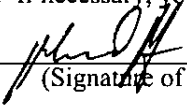
President: Maqsood Ahmad, Executive Director
Address: 8791 144th St
Jamaica, NY 11435

Vice President: Mohammad Arif, Assistant Executive Director
Address: 8791 144th St
Jamaica, NY 11435

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

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

14. MOHAMMAD ARIF
(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 ICNA RELIEF USA PROGRAMS was filed on 02/22/2005, as a Not-for-Profit Corporation 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 08th day of October two
thousand and fourteen.*

Anthony Giardina

Executive Deputy Secretary of State