F16000005409

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
W16-79149							

Office Use Only



900292496629

900292496629 11/22/16--01008--004 ***87.50

> SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED
2016 NOV 21 AM 10: 07

FILED DIS DEC -5 A III:

S Warren DEC 0 7 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2016

ISIDOROS I. TSAMBLAKOS, ESQ. 299 BROADWAY, SUITE 910 NEW YORK, NY 10007

SUBJECT: ALBANIAN-AMERICAN WOMEN'S ORGANIZATION "MOTRAT

QIRIAZI", INC.

Ref. Number: W16000079149

We have received your document for ALBANIAN-AMERICAN WOMEN'S ORGANIZATION "MOTRAT QIRIAZI", INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 716A00025226

COVER LETTER

TO:	Registration Section Division of Corporations							
SHRE	ECT: ALBANIAN-AMERICAN WOMEN'S ORGANIZATION "MOTRAT QIRIAZI", INC.							
3000	Name of Corporation – must include suffix							
Dear S	ir or Madam:							
Affair	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.							
Please	return all correspondence concerning this matter to the following:							
	ISIDOROS I. TSAMBLAKOS, ESQ.							
	Name of Person							
	MARKU, BENO & TSAMBLAKOS, PLLC							
	Firm/Company							
	299 Broadway, Suite 910							
	Address New York, New York 10007 City/State and Zip Code							
	itsamblakos@mbtlawfirm.com							
	E-mail address: (to be used for future annual report notification)							
For fu	ther information concerning this matter, please call:							
Isidor	os I. Tsamblakos, Esq. 212 608-4140 at ()							
	Name of Person Area Code Daytime Telephone Number							
	MAILING ADDRESS: Registration SectionSTREET/COURIER ADDRESS: Registration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee. FL 32301							
Enclos	ed is a check for the following amount:							
□ \$7	0.00 Filing Fee \(\text{Certificate of Status} \) \[\begin{array}{ll} \text{S78.75 Filing Fee & Certificate of Status} \] \[\text{Certificate of Status} \] \[\text{Certified Copy} \] \[\text{S87.50 Filing Fee, Certificate of Status} \] \[\text{Certified Copy} \]							

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:

ALBANIAN-	AMERICAN WOMEN'S ORGAN	NIZATION "MOTRAT	QIRIAZI", INC.		
Name of corpo mport in langua in the name at p	ration: must include the word "INC age as will clearly indicate that it is resent. "Company" or "Co." may n	CORPORATED" or "COS a corporation instead of not be used as a corporation in the corporation of the corporat	ORPORATION" or f a natural person of a suffix by a nonpr	words or abbre or partnership if ofit corporation	eviations of like not so contained i.)
(If name unava	ilable in Florida, enter alternate co	orporate name adopted f	or the purpose of tr	ansacting busin	ess in Florida)
New York		3. 13-40550	97		
	ntry under the law of which it is inc	corporated)	(FEI number,	if applicable)	,**************************************
April 16, 1999		5. Present			
(1	Date of Incorporation)		(Date of duration,	if other than po	erpetual)
Not Applicable	e				
Date first cond	ucted affairs in Florida if prior to reg	gistration. See sections 61	7.1501 & 617.1502	?, F.S. to determ	ine penalty liability
888 C 8TH AV	/ENUE, #916, NEW YORK, NEV	V YORK 10019			
		(Principal office addre	ess)		
	Cu	rrent mailing address, if	dillarent		
	(Cui	irent maning address, ir	different)		
Not-for Profit-	Women's Organization for charity corporation authorized in home sta	work for women and ch	ildren of the Albar	nian community	,
Purpose(s) of o	corporation authorized in home sta	ite or country to be carri	ed out in the state o	f Florida)	<u></u>
Maria Bara		d (D () D N(77		
Name and <u>str</u>	eet address of Florida registered	d agent: (P.O. Box <u>No</u>	<u>Ji</u> acceptable)	icri	(A)
	De Anno Kohan D.D.S				1 3
Name:	Dr. Anna Kohen, D.D.S				e im
ice Address:	350 Golden Gate Pt., #31	_ .			
	Sarasota	Florid	la <u>34236-6623</u>	OR!	11: 20:
	(City)			(Zip Code	20
				į.	
	agent's acceptance:			· .	
wing been na	med as registered agent and to	o accept service of pro	ocess for the abo	ve stated corp	oration at the pl
signaica in in Ther agree to	is application, I hereby accept comply with the provisions of	all statutes relative to	egisierea ageni o o the proper and	ina agree io a complete peri	formance of my
ties, and I an	familiar with and accept the	obligations of my pos	ition as registere	d agent.	,
		,			
	1				
	Umna	. Rohen			
		(Registered agent's sign	nature)		

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.

A. DIRECTORS

Anna Kohen, DDS Chairman:	
350 Golden Gate Pt., #31 Address:	A Company of the Comp
Sarasota, Florida 34236	
Beti Beno, Esq. Vice Chairman:	
1528 Park Avenue Address:	
New Hyde Park, New York 11040	
Eva Burnazi	
19-50 77th Street Address:	
East Elmhurst, New York 11370	
Agathia Luka Director:	
442 Sapphire Street, #3 Address:	
Brooklyn, New York 11208	
B. OFFICERS President: Anna Kohen, DDS	CRETARY
350 Golden Gate Pt., #31 Address:	of p
Sarasota, Florida 34236	TATE ORIG
Beti Beno, Esq. Vice President:	P
1528 Park Avenue	·
New Hyde Park, New York 11040	78 76
Eva Burnazi Secretary:	
19-50 77th Street, #1, East Elmhurst, NY 11370	
Agathia Luka Treasurer:	
442 Sapphire Street, #3, Brooklyn, New York 11208	
NOTE: If necessary, you may attach an addendum to the application list (Signature of Chairman, Vice Chairman, or any officer listed BETI BENO, ESQ., Vice Chairman and Vice President	
(Typed or printed name and capacity of person s	signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ALBANIAN-AMERICAN WOMEN'S ORGANIZATION "MOTRAT QIRIAZI", INC. was filed on 04/16/1999, 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 01st day of December two thousand and sixteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

201612020203 * 13