

F18000001578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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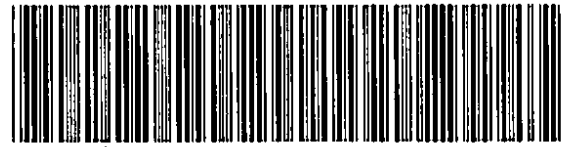
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 APR -3 AM 5:39

J. LEGGETT  
APR 04 2018

W18000025838  
W18000005585  
W18000005585



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2018

AHMED HEGAZY  
168-18 SOUTH CONDUIT AVE  
SPRINGFIELD GARDENS, NY 11434 US

SUBJECT: EIHAB HUMAN SERVICES INC.  
Ref. Number: W18000005585

We have received your document for EIHAB HUMAN SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 018A00001254

RECEIVED

2018 MAR 16 AM 10:47

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ElHAB Human Services 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:

Ahmed Hegazy

\_\_\_\_\_  
Name of Person

ElHAB Human Services Inc.

\_\_\_\_\_  
Firm/Company

168-18 South Conduit Ave

\_\_\_\_\_  
Address

Springfield Gardens, NY 11434

\_\_\_\_\_  
City/State and Zip Code

Ahmed.Hegazy@eihab.org

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

For further information concerning this matter, please call:

Ahmed Hegazy

\_\_\_\_\_  
Name of Person

at ( 718 )  
Area Code

276-6101

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. EHAB Human Services 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.)

EHAB Human Services Florida Inc.

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

2. New York 3. 11-3376415  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1998 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. EHAB Human Services 168-18 South Conduit Avenue, Springfield Gardens, NY 11434  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Services to IDD/MH individuals  
(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: Jeffrey Levy

Office Address: 9741 Sunrise Lakes Blvd. #101

Sunrise, Florida 33322-6219

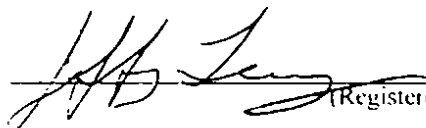
(City)

(Zip Code)

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2018 APR -4 AM 11:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
TALLAHASSEE, FLORIDA

**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.

18 APR  
AM 5:41

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Ahmed Hegazy

Address: 752 Bonnie Drive

Baldwin, NY 11510

Vice Chairman: Hamdy Elgindy

Address: 10 Norwood Road

Yonkers, NY 11710

Director: Jeffrey Levy

Address: 25 Firethorne Lane

Valley Stream, NY 11581

Director: Noreen Sciarretta

Address: 603 North Lakes Shore Drive

Brick, NJ 08723

**B. OFFICERS**

President: Abed Elkeshik

Address: 148 4th Street

Woodbridge, NJ 07075

Vice President: Zarif Bacilious

Address: 4 Esmac Court

Staten Island, NY 1034

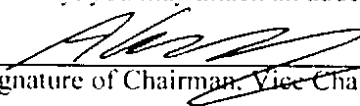
Secretary: Susi Hockmeyer

Address: 5 Bethea Drive, Ossining, NY 10562

Treasurer: Ahmed Ibrahim

Address: 2916 24th Avenue, APT 2b, Astoria, NY 11102

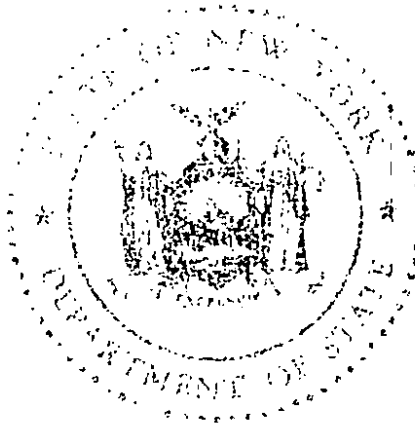
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Ahmed Hegazy  
(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 EIHAB HUMAN SERVICES, INC. was filed on 08/18/1997, 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 28th day of December two  
thousand and seventeen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*