

8/4/2020

Division of Corporations

**FA000003405**

Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Covoid Medical Supplies Inc**

Certificate of Status	0
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### 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. COVID MEDICAL SUPPLIES INC  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New York 3. 85-1909352  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 19, 2020 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
 upon qualification  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1662 Old Country Road, Unit 42, Plainview, NY 11803  
 (Principal office street address)

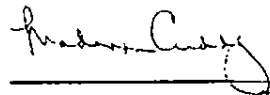
9 Briar Ct Melville NY 11747  
 (Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 S Pine Island Road  
Plantation, Florida 33324  
 (City) (Zip code)

9. **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)  
 Madonna Cuddihy, Assistant Secretary

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

Chairman Name: Melina Khwaja

Vice Chairman Address: 1662 Old Country Road, Unit 42

Director Plainview, NY 11803

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Ishan Khwaja

Vice Chairman Address: 1662 Old Country Road, Unit 42

Director Plainview, NY 11803

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other Chief Financial Officer

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_


President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. \_\_\_\_\_  
Signature of Director or Officer 

The officer or director signing this document (and who is listed in number 11 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 s.817.155, F.S.

13. Melina Khwaja, Director  
(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 COVID MEDICAL SUPPLIES INC was filed on 05/13/2020, 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 an existing corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 31st day of July  
two thousand and twenty.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State