

7/15/2021

Division of Corporations

**F210000394**

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION  
KUPERHAND INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
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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.

KUPERHAND INC.

1. KUPERHAND INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. NEW YORK 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 26, 1988 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 357 ALMERIA AVE. APT 1402, CORAL GABLES, FL 33134  
(Principal office street address)

(Current mailing address, if different)

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

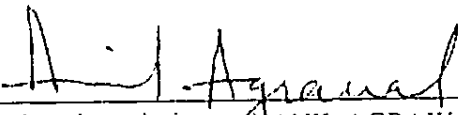
Name: ANIL AGRAWAL

Office Address: 357 ALMERIA AVE. APT 1402

CORAL GABLES, Florida 33134  
(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) ANIL AGRAWAL

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: ANIL AGRAWAL  
☐ Vice Chairman Address: 357 ALMERIA AVE. APT 1402  
☐ Director CORAL GABLES, FL 33134  
☒ 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 \_\_\_\_\_

☐ 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. Anil Agrawal  
 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. ANIL AGRAWAL - PRESIDENT  
 (Typed or printed name and capacity of person signing application)

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**STATE OF NEW YORK**

**DEPARTMENT OF STATE**

**Certificate of Status**

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

|   |                               |
|---|-------------------------------|
| <b>Entity Name:</b>                     | KUPERHAND INC.                |
| <b>DOS ID Number:</b>                   | 1238942                       |
| <b>Entity Type:</b>                     | DOMESTIC BUSINESS CORPORATION |
| <b>Entity Status:</b>                   | EXISTING                      |
| <b>Date of Initial Filing with DOS:</b> | 02/26/1988                    |
| <b>Statement Status:</b>                | CURRENT                       |
| <b>Statement Due Date:</b>              | 02/28/2022                    |

I certify that the following is a list of documents on file in the Department of State for said entity:

|                        |                              |
|------------------------|------------------------------|
| <b>Document Type:</b>  | CERTIFICATE OF INCORPORATION |
| <b>Date of Filing:</b> | 02/26/1988                   |
| <b>Entity Name:</b>    | KUPERHAND INC.               |

|                        |                    |
|------------------------|--------------------|
| <b>Document Type:</b>  | BIENNIAL STATEMENT |
| <b>Date of Filing:</b> | 04/06/1993         |
| <b>Effective Date:</b> | 02/01/1993         |

|                        |                    |
|------------------------|--------------------|
| <b>Document Type:</b>  | BIENNIAL STATEMENT |
| <b>Date of Filing:</b> | 02/09/1994         |
| <b>Effective Date:</b> | 02/01/1994         |

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 08/21/2014  
Effective Date: 02/01/2014

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 04/23/2020  
Effective Date: 02/01/2020

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No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on July 15, 2021 at  
11:47 A.M.



ROSSANA ROSADO, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State