

# F96000001178

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

SUBJECT: KAZMI COMMODITIES, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ZEHRA KAZMI

(Name of Person)

KAZMI COMMODITIES, INC.

(Firm/Company)

1901 S. HARBOR CITY BLVD., SUITE 600

(Address)

MELBOURNE, FL 32901

(City/State/Zip)

FILED  
SECRETARY OF STATE  
66 MAR -7 PM 3:05

Should you need to call someone concerning this matter, please call:

ZEHRA KAZMI

(Name of Person)

at ( 407 ) 724-8122

(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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. KAZMI COMMODITIES, INC.  
(Name of corporation must include the word "INCORPORATED", "COMPANY", "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)
2. DELAWARE  
(State or country under the law of which it is incorporated)
3. 52-1958610  
(FEI number, if applicable)
4. JANUARY 2nd 1996  
(Date of Incorporation)
5. PERPETUAL  
(Duration Year corp. will cease to exist or "perpetual")
6. After obtaining certificate of authority  
(Date first transacted business in Florida (SEE SECTIONS 607.1501, 607.1502, AND 617.135, F.S.))
7. 1901 S. HARBOR CITY BLVD. SUITE 600 MELBOURNE, FL 32901  
(Current mailing address)
8. Conduct commodity business  
(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 or Mail Drop Box **NOT** acceptable)  
Name: ZEHRA KAZMI  
Office Address: 1901 S. HARBOR CITY BLVD SUITE 600  
MELBOURNE, Florida, 32901  
(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.*  
Zehra Kazmi  
(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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTIONS (Street address only- P. O. Box NOT acceptable)

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: ZEURA KAZMI

Address: 1901 B. HARBOR CITY BLVD. SUITE 600

MELBOURNE, FL 32901

Vice President: SAME

Address: \_\_\_\_\_

Secretary: SAME

Address: \_\_\_\_\_

Treasurer: SAME

Address: \_\_\_\_\_

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

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

14. ZEURA KAZMI PRESIDENT  
(Typed or printed name and capacity of person signing application)

SECRET  
NO FORN DISSEM  
P. 3-05

State of Delaware  
Office of the Secretary of State

1001

TO THE SECRETARY OF STATE  
FROM THE SECRETARY OF STATE  
SUBJECT: [Illegible]

FILED  
SECRETARY OF STATE  
DEPARTMENT OF STATE  
55 MAR - 7 PM 3:05



*Edward J. Truel*

Edward J. Truel, Secretary of State

AUTHENTICATION

(DATE)