Filing and License Fee: \$310.00 minimum



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

#### **BUSINESS CORPORATION**

### **APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The	e name of	the corporation is PLACID NK CORPORATION			· · · · · · · · · · · · · · · · · · ·			
2.		t is incorporated under the laws of NEW JERSEY							
3.	The name, if different, which it elects to use in Rhode Island is:								
	(a)	"incorpor	name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", orated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the corporate endings for use in Rhode Island:						
		N/A							
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" application:								
	N/A								
4.	The	date of its	s incorporation is 08/06/1996	and the period of its duration is Perpetual					
5.		The address of its principal office is 400 POST AVENUE SUITE 101, WESTBURY, NY 11590							
6.			of its proposed registered office in Rhode Island is						
-				(Street Address, not P.O. Box)					
	WA	RWICK	, RI <b>02888</b>	and the name of its proposed registered agent in	Rhode	Island at			
			(City/Town) (Zip Code)  S UNITED STATES CORPORATION AGENTS,IN		974				
	that	C.	_8	<u> </u>					
			(Name	e of Agent)		S S			
7.	The	purpose o	or purposes which it proposes to pursue in the tran	saction of business in Rhode Island are:	24	A A A			
	Pla	ransfers both domestic and international.	>	======================================					
				, <u>41, 4</u> 1974		<u> </u>			
						0 1			
8.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).								
			<u>Name</u>	<u>Address</u>					
	Dire	ctor _	DR.KAMAL U AHMED	199-18 KENO AVE, HOLLISWOOD, NY 1142	3				
	Director		MOHAMMED H RASHID	169-11 HIGHLAND AVENUE,JAMAICA, NY 1	1432				
	Director OCT 2 4 2014								
	Dire	ctor							
	Form	No. 150 sed: 06/11	By 035039 12. 12. 11. U.S	Ā·M -					

President Masurer Alexandre		169-11 HIG	HLAND AVENUE, JAMAICA, NY 11432  HLAND AVENUE, JAMAICA, NY 11432  HLAND AVENUE, JAMAICA, NY 11432  s, par value of shares, shares without par value,  Par Value or Statement that  Shares are without Par Value  NO PAR VALUE (NPV)
e President  Assurer  retary  Aggregate number of series, if any, within	KM.FAZLUL HOQ  f shares which it has authority to a class, is:  Class	169-11 HIG issue; itemized by classe Series	HLAND AVENUE,JAMAICA, NY 11432 s, par value of shares, shares without par value, Par Value or Statement that Shares are without Par Value
aggregate number of series, if any, within	f shares which it has authority to a class, is: <u>Class</u>	issue; itemized by classe <u>Series</u>	s, par value of shares, shares without par value, Par Value or Statement that Shares are without Par Value
aggregate number o series, if any, within	f shares which it has authority to a class, is: <u>Class</u>	issue; itemized by classe <u>Series</u>	s, par value of shares, shares without par value, Par Value or Statement that Shares are without Par Value
series, if any, within	a class, is: <u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value
Number of Offaces	— <del>———</del>	<del></del>	
			NO PAR VALUE (NEV)
Island during the following the corporation to be owned during the \$ 3,500,000.00\$ during the following the foll	ever located.  = An estimate owing year.  = An estimate, expressed as a period located within this state during its following year, wherever located over.  = An estimate or an estimate, expressed as a proporation at or from places of but the expressed or an estimate, expressed as a proporation at or from places of but the expressed as a proporation at or from places of but the expressed as a proporation at or from places of but the expressed as a proporation at or from places of but the expressed as a proporation at or from places of but the expressed as a proporation at or from places of but the expressed as a proporation at or from places of but the expressed as a proporation at or from places of but the expressed as a proporation at or from places of but the expressed as a proporation at the expressed	percentage, of the proportion the following year bears. (divide (b) by (a) and must be of the gross amount of following year.  percentage, of the proportions in this state during the content of the gross amount of following year.	to the value of all property of the corporation to ultiply by 100 to obtain the percentage}  f business to be transacted by the corporation  business to be transacted by the corporation at  ortion that the gross amount of business to be  g the following year bears to the gross amount
the percentage}			
		during issued by the	proper sincer of the state of country under the
Application for Certif	icate of Authority shall be effective	e upon filing unless a spe	ecified date is provided which shall be no later
the 90th day after th	e date of this filing upon filing	·	
/21/2014		Application for Certifica attachments, and that correct.	I declare and affirm that I have examined this te of Authority, including any accompanying all statements contained herein are true and Authorized Officer of the Corporation
	Island during the following the corporation to be be owned during the \$ 3,500,000.00\$ during the following the f	Island during the following year.    0.00	Island during the following year.    0.00

Type or Print Name of Authorized Officer

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

#### PLACID NK CORPORATION

0100674859

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 6, 1996.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Mohammed H. Rashid C/O Cosmos Mini Mart 76 Ellison Street Patterson, NJ 07501

I further certify that the incorporator is:

Kamal U Ahmed Md 169-11 Highland Ave Jamaica, NY 11432

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on: May 19, 2013.

President Dr. Kamal Ahmed

35-01 Queens Blvd.

Long Island City, NY 11101

Secretary Akm Hoque

35-01 Queend Blvd.

Long Island City, NY 11101

Vice President Mohammed Rashid

35-01 Queens Blvd.

Long Island City, NY 11101

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

#### PLACID NK CORPORATION

0100674859

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Certification# 133796405

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of October, 2014

Andrew P Sidamon-Eristoff
Acting State Treasurer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

