



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
Kentucky Secretary of State
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Division of Business Filings
Business Filings
PO Box 718, Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386). ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)

2. The name of the entity is Madina Industrial Corp.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Madina Industrial Corp.
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is New York

5. The date of organization is 09/01/1992 and the period of duration is _____
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
568 Atlantic Ave Brooklyn NY 11217-1914
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 West Main Street Suite 512 Frankfort KY 40601-1840
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is ICT Corporation

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Mamun Al-Karim 568 Atlantic Ave Brooklyn NY 11217-1840
Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates:

County: _____

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☐ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- ☐ Agriculture ☐ Mining ☐ Services ☐ Construction
☐ Wholesale Trade ☐ Retail Trade ☐ Manufacturing ☐ Finance, Insurance, Real Estate
☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services
☐ Other

MAMUN MASHAHO President 11/8/18
Signature of Authorized Representative Printed Name & Title Date

C T Corporation System

_____ consent to serve as the registered agent on behalf of the business entity.

Christine Keim
Type/Print Name of Registered Agent Assistant Secretary
Christine Keim 11/12/2018
Signature of Registered Agent Printed Name Title Date



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Statement of Consent of Registered Agent
(Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☒ a corporation (KRS 271B, KRS 273 or KRS 274)
☐ a limited liability company (KRS 275)
☐ a limited partnership (KRS 362)
☐ a limited liability partnership (KRS 362)
☐ a business trust (KRS 386)
2. The name of the business entity is MADINA INDUSTRIAL CORP.
3. The state or country of incorporation, organization or formation is NY
4. The name of the initial registered agent is C T Corporation System
5. The street address of the registered office address in Kentucky is:
306 W. Main Street, Suite 512, Frankfort KY 40601

Street Address (No Post Office Box Numbers)	City	State	Zip Code
306 W. Main Street, Suite 512,	Frankfort	KY	40601
6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 12/18/2018
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

By: C T Corporation System

Signature of Registered Agent

Printed Name

Christine Kelm
Assistant Secretary

Title

12/18/2018

**FILING INSTRUCTIONS
STATEMENT OF CONSENT REGISTERED AGENT**

DOCUMENT DELIVERY

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

WHO MAY SIGN

The document must be signed by an individual meeting one of the following requirements:

- If the registered agent is an individual resident of this state, the individual must sign statement.
- If registered agent is a corporation, an officer or the chairman of the board of directors must sign on behalf of the corporation.
- If the registered agent is a limited liability company and management of the company vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign.
- If the registered agent is a limited partnership, a general partner must sign on behalf the limited partnership.
- If the registered agent is a limited liability partnership the statement shall be executed a partner or other person authorized by chapter 362.
- The representative signing the statement of consent on behalf of the business entity acting as agent must designate the title or the capacity in which he or she signs.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. A delayed effective date may not be later than the 90th day after the date of filing.

FILING FEE

There is no filing fee for filing this document. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Alison Lundergan Grimes
Office of the Secretary of State
PO Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.