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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
1009 PETROLEUM INC

Certificate of Status	1
Certified Copy	1
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COVER LETTER

H200000069173

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: 1009 PETROLEUM INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	■ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MOHAMMAD R. ISLAM
Name (Printed or typed)

1009 N. STATE ROAD 7
Address

ROYAL PALM BEACH, FL 33411
City, State & Zip

561-460-2316
Daytime Telephone number

hossain.motaleb1971@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H200000069173

ARTICLE I NAME
The name of the corporation shall be: 1009 PETROLEUM INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
1009 N. STATE ROAD 7	1009 N. STATE ROAD 7
ROYAL PALM BEACH, FL 33411	ROYAL PALM BEACH, FL 33411

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1,000 SHARES AT $1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MOHAMMAD R. ISLAM - PD	Name and Title:	MOHAMMAD M. RAHMAN- VPDT
Address	3450 BLUE LAKE DR, #202	Address:	5401 NW 95TH AVE
	POMPANO BEACH, FL 33064		SUNRISE, FL 33351
Name and Title:	MD M. HOSSAIN - VPDS	Name and Title:	
Address	9467 NW 52ND MANOR	Address:	
	SUNRISE, FL 33351		
Name and Title:		Name and Title:	
Address		Address:	

'H20000006973' 4/4

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: MOHAMMAD R. ISLAM

Address: 3450 BLUE LAKE DR #202

POMPANO BEACH, FL 33064

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MOHAMMAD R. ISLAM

Address: 3450 BLUE LAKE DR #202

POMPANO BEACH, FL 33064

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

* _____ 01/07/2020

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

* _____ 01/07/2020

Required Signature/Incorporator Date