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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : AJ ACCOUNTING SERVICES, INC.  
Account Number : I20110000092  
Phone : (305)448-9584  
Fax Number : (305)448-9569

STATE OF FLORIDA  
TALLAHASSEE

2022 APR - 7 AM 12: 53

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
NARGISH PETROLEUM INC

RECEIVED

2022 APR - 7 PM 2: 49

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

ilk

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

### COVER LETTER

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

**SUBJECT:** NARGISH 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:** NARGISH PETROLEUM INC.  
Name (Printed or typed)

5201 HARRISON ST  
Address

HOLLYWOOD, FL 33021  
City, State & Zip

305-448-9584  
Daytime Telephone number

JABBOURANDASSOCIATES@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: NARGISH PETROLEUM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8926 NW 22ND AVE

5201 HARRISON ST

MIAMI, FL 33147

HOLLYWOOD, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

Blank lines for additional text or signatures.

ARTICLE IV SHARES

The number of shares of stock is: 1000

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMMED BABAR, PD

Name and Title: MOHAMMED ALAMGIR, VP

Address: 5201 HARRISON ST
HOLLYWOOD, FL 33021

Address: 5201 HARRISON ST
HOLLYWOOD, FL 33021

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: MOHAMMED BABAR  
 Address: 5201 HARRISON ST  
HOLLYWOOD, FL 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MOHAMMED BABAR  
 Address: 5201 HARRISON ST  
HOLLYWOOD, FL 33021

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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**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*

Mohammed Babar  
 Required Signature/Registered Agent

4/7/22  
 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.*

Mohammed Babar  
 Required Signature/Incorporator

4/7/22  
 Date