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Florida Department of State
Division of Corporations
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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

****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
FARHAN OIL CO**

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

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D. O'KEEFE
Help APR 21 2022

COVER LETTER.

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

SUBJECT: FARHAN OIL CO.**(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM:** MOHAMMED ALAMGIR

Name (Printed or typed)

299 W. HILLSBORO BLVD

Address

DEERFIELD BEACH, FL 33441

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: FARHAN OIL CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address
299 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

Mailing address, if different is:
11585 HIBBS GROVE DR
COOPER CITY, FL 33330

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMMED ALAMGIR, PD

Address: 299 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

Name and Title: MD DELWAR HOSSAIN, VP

Address: 299 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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 ALAMGIR
 Address: 299 HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMED ALAMGIR
 Address: 299 HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

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 Alamgir
 Required Signature/Registered Agent

4/20/22
 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 ALAMGIR
 Required Signature/Incorporator

04/20/2022
 Date