

W190000284873

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000349837 3)))



H190003498373ABCB

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : AVA FINANCIAL CONSULTANTS INC  
Account Number : I20170000094  
Phone : (954)842-1979  
Fax Number : (954)905-4315

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

Email Address: avesta-usa@gmail.com

SECRET  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

19 DEC -4 AM 10:49

FILED

FLORIDA LIMITED LIABILITY CO.  
SUPER PETROLEUM 11, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

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**AVA FINANCIAL CONSULTANTS INC.**

11336 Wiles Road  
Coral Springs, FL 33076

Tel: 954-494-3535 / Fax: 954-905-4315  
E-mail: avafinancials@gmail.com

H1900034983

December 4, 2019

New Filing Section  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

Ref.: Fax Audit # H190003498373  
Super Petroleum 11 LLC

Dear Sir or Madam,

We had made a mistake in filing for the above fax audit no H190003498373, Super Petroleum 11 LLC

Enclosing with the correct name

Super Petroleum 11 LLC

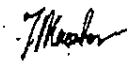
Was incorrectly filed as

Super Petroleum 11 Inc.

Enclosed please find revised Articles of Organization with the correct name

Please disregard the previous filing as name was mentioned incorrect

Sincerely,



Zersis Minocher  
On behalf for Mr. Mohammad Azam  
President and CEO

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** SUPER PETROLEUM 11 LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMAD AZAM

Name of Person

SUPER PETROLEUM 11 LLC

Firm/Company

8957 LAKE WORTH ROAD

Address

LAKE WORTH, FLORIDA 33467

City/State and Zip Code

AVESTA.USA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMAD AZAM

954

993-2044

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUPER PETROLEUM 11 LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4707 COMMERCIAL WAY  
SPRING HILL, FL. 34606

**Mailing Address:**

8957 LAKE WORTH ROAD  
LAKE WORTH, FL. 33467

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MOHAMMAD AZAM

Name

8957 LAKE WORTH ROAD

Florida street address (P.O. Box **NOT** acceptable)

<u>LAKE WORTH</u>	<u>FLORIDA</u>	<u>33467</u>
City	State	Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

MOHAMMAD AZAM  
8957 LAKE WORTH ROAD  
LAKE WORTH, FL. 33467

AMBR

DOST MOHAMMAD  
8957 LAKE WORTH ROAD  
LAKE WORTH, FL. 33467

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DECEMBER 3RD 2019 (OPTIONAL)

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

**ARTICLE VI:** Other provisions, if any.

ANY AND ALL LAWFULL BUSINESS

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

MOHAMMAD AZAM

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)