

Florida Department of State  
Division of Corporations  
Annual Filing Cover Sheet

**L2000329401** 1/4

**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.**

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**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

**FLORIDA LIMITED LIABILITY CO.  
PALM PETRO LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

OCT 26 2020

T. SCOTT

2020 OCT 23 PM 2:50

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DIVISION OF  
CORPORATIONS

2020 OCT 23 PM 12:32

RECEIVED  
FLORIDA DEPARTMENT OF STATE

FILED

COVER LETTER

2/4

TO: New Filing Section  
Division of Corporations

12 0000 36 96 193

SUBJECT: PALM PETRO 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:

HOSSAIN ALIREZAEI

Name of Person

PALM PETRO LLC

Firm/Company

2305 N. CONGRESS AVE, #17

Address

BOYNTON BEACH, FL 33426

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:

HOSSAIN ALIREZAEI

305

910-6327

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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

H200003696193

PALM PETRO 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:

Mailing Address:

1541 BELVEDERE RD  
WEST PALM BEACH, FL 33406

2305 N. CONGRESS AVE, #17  
BOYNTON BEACH, FL 33426

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:

HOSSAIN ALIREZAEI

Name

2305 N. CONGRESS AVE, #17

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

<u>BOYNTON BEACH</u>	<u>FL</u>	<u>33426</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)

FILED  
2020 OCT 23 PM 12:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV:**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

HOSSAIN ALIREZAEI

2305 N. CONGRESS AVE, #17

BOYNTON BEACH, FL 33426

MOHAMMAD S. HOSSAIN

2460 NW 33RD ST #1712

OAKLAND PARK, FL 33309

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

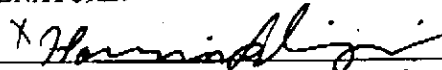
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

N/A

**REQUIRED SIGNATURE:**

X 

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.

HOSSAIN ALIREZAEI

Typed or printed name of signee