

P10000006588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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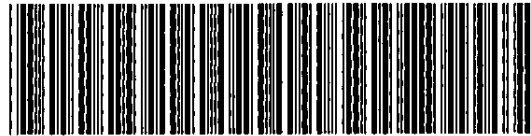
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

10 JAN 25 AM 9:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 JAN 25 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/25

COVER LETTER

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

SUBJECT: Triple Gas 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: Nehad Alsayed.
Name (Printed or typed)

P.O. Box 530
Address

Gretna, FL 32332
City, State & Zip

850 510 7887
Daytime Telephone number

nsayed76@hotmail.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)

FILED

10 JAN 25 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Triple Gas Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2848 South Adam St.
Tallahassee, FL 32301

P.O. Box 530 - mailing address
Gretna, FL 32332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

① Nehad Alsayed
P.O. Box 530 Gretna, FL 32332

ARTICLE VI REGISTERED AGENT

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

2848 South Adams St
Tallahassee, FL 32301

Nehad Alsayed.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

2848 South Adam St
Tallahassee, FL 32301

Nehad Alsayed

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

Signature/Registered Agent

Signature/Incorporator

Date

Date