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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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
A.B.C. PETROLEUM, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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: A.B.C. PETROLEUM, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
1450 NE 26th STREET
WILTON MANORS, FL 33305

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: ARAFATH R. CHOWDHURY
5629 TAYLOR STREET APT 2
HOLLYWOOD, FL 33021

Name and Title: SECRETARY
Address: MOHAMMED ELIAS CHOWDHURY
1551 NE 167th STREET APT 505
MIAMI, FL 33162

Name and Title: VICE PRESIDENT
Address: MUSTAFAIZUR RAHMAN
1190 N. STATE ROAD 7
LAUDERHILL, FL 33313

Name and Title: _____
Address: _____

Name and Title: TREASURER
Address: MOHAMMED S. HOSSAIN
4128 SANTA BARBARA BLVD
CAPE CORAL, FL 33914

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ARAFATH R. CHOWDHURY
Address: 5629 TAYLOR STREET APT 2
HOLLYWOOD, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMED S. HOSSAIN
Address: 4128 SANTA BARBARA BLVD
CAPE CORAL, FL 33914

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby with and accept the appointment as registered agent and agree to act in this capacity

Arafath Chowdhury
Required Signature/Registered Agent

3-17-11
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 S. Hossain
Required Signature/Incorporator

3-17-11
Date

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SECRETARY OF STATE
FLORIDA