

P 17 0000 17262

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.

((H17000053585 3)))



H170000535853ABC1

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
PALMETTO BAY PETROLEUM INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

17 FEB 24 PM 14:55

FILED
17 FEB 24 PM 3:04
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

FEB 27 2017

H17000053585

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: PALMETTO BAY PETROLEUM INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
16767 OLD CUTLER ROAD
PALMETTO BAY, FL. 33157

Mailing address, if different is:
16767 OLD CUTLER ROAD
PALMETTO BAY, FL. 33157

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY ALL LEGAL MATTERS

FILED
FEB 24 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ZUHAIR KARBORANI P/T/S/D Name and Title: _____
Address: 16777 OLD CUTLER ROAD Address: _____
PALMETTO BAY, FL. 33157

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

H17000053585

H17000053585

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: ZUHAIR KARBORANI
 Address: 16777 OLD CUTLER ROAD
PALMETTO BAY, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ZUHAIR KARBORANI
 Address: 16777 OLD CUTLER ROAD
PALMETTO BAY, FL. 33157

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/24/2017 (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

 Required Signature/Registered Agent 02/24/2017
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.

 Required Signature/Incorporator 02/24/2017
Date

H17000053585