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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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 PROFIT/NON PROFIT CORPORATION
NABILA PETRO INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

COVER LETTER

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H190003304363

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

SUBJECT: NABILA PETRO 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MATIAR RAHAMAN
Name (Printed or typed)

5667 SANDBIRCH WAY
Address

LAKE WORTH, FL 33463
City, State & Zip

954-913-8987
Daytime Telephone number

AVESTA.USA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) H190003304363

ARTICLE I NAME

The name of the corporation shall be: NABILA PETRO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5920 LAKEWOOD RANCH BLVD

5667 SANDBIRCH WAY

BRADENTON, FL 34211

LAKE WORTH, FL 33463

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: 1,000 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATJAR RAHAMAN - PD

Name and Title: MD A. KHAN - DTS

Address: 1741 RED CEDAR DR #16
FT MYERS, FL 33907

Address: 7841 GLADIOLUS DR #51
FT MYERS, FL 33908

Name and Title: N/A

Name and Title: N/A

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: MATIAH RAHAMAN
Address: 1741 RED CEDAR DR #16
FT MYERS, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATIAH RAHAMAN
Address: 1741 RED CEDAR DR #16
FT MYERS, FL 33907

ARTICLE VIII EFFECTIVE DATE:

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 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:

Matiah Rahaman 11/08/2019
Required Signature/Registered Agent 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.

Matiah Rahaman 11/08/2019
Required Signature/Incorporator Date