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H190003597283ABCB

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AVA FINANCIAL CONSULTANTS INC

Account Number: 120170000094 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: aklan, af San@zmail. com

FLORIDA PROFIT/NON PROFIT CORPORATION INSHA PETROLEUM INC

Certificate of Status	1
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COVER LETTER

'H190003597283'

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

SUBJECT: INSHA	PETROLEUM INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d 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
		ADDITIONAL CO	Status
FROM:	ABIBUNNESSA HOSSAIN		
	Name	(Printed or typed)	
118	0 SW RIO VISTA WAY		
	1	Address	
PA	LM CITY, FL 34990		,
	City,	State & Zip	
772	-924-6474		
	Daytime T	elephone number	-
akra	m.afsam@gmail.com		
	E-mail address: (to be used	for future annual report n	otification)

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

ARTICLES OF INCORPORATION 'H190003597283' In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal street address	Mailing address, if different
23 INDRIO RD	1180 SW RIO VISTA WAY
PIERCE, FL 34951	PALM CITY, FL 34990
TICLE III PURPOSE e purpose for which the corporation is organized is: ANY AND	ALL LAWFUL BUSINESS
TICLE IV SHARES number of shares of stock is: 1,000 SHARES AT \$1.00 PAR V	
Name and Title: HABIBUNNESSA HOSSAIN - PDTS	Name and Title: N/A
Address 1180 SW RIO VISTA WAY	Name and Title: N/A >
PALM CITY, FL 34990	
Name and Title:	Name and Title:
Address	
	<u> </u>
Name and Title:	Name and Title:

'H190003597283'

Name	and Title:	Name and Title:		
Addre			_	
			<u> </u>	
				· .
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT accepts	hle) of the majortand a master		
Name:	HABIBUNNESSA HOSSAIN	ore) of the registered agent is:		•
Address:	1180 SW RIO VISTA WAY			18
	PALM CITY, FL 34990		· :	1 330
<u>ARTICLE VII</u>	INCORPORATOR			
The name and	address of the Incorporator is:		<u>-</u>	~~
Name:	HABIBUNNESSA HOSSAIN		:	<i>₽</i> .
Address:	1180 SW RIO VISTA WAY			
	PALM CITY, FL 34990			
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and c	(OPTION:	AL) s prior o	r 90 days after the
Note: If the dat	e inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requirements.	ents, this	date will not be listed as
Having been na this certificate, l	med as registered agent to accept service of pr am familiar with and accept the appointment t	ocess for the above stated corp is registered agent and agree t	oration of act in the	at the place designated in his capacity
_	H-Hossain			12/13/19
	Required Signature/Registered Agent			Date
l submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the felony as provided for in s.817.	e false in, 155, F.S.	formation submitted in a
	H. Hossain		, 2 40	12/13/19
Requ	ired Signature/Incorporator		. –	Date