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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ZAHID.HOSSAIN5@YAHOO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
SAMIR PETRO INC

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

COVER LETTER

H200003511693

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

2/4

2020 OCT -9 PM 4:50

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SUBJECT: SAMIR 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 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: MATIAR RAHAMAN
Name (Printed or typed)
5667 SANDBIRCH WAY
Address
LAKE WORTH, FL 33463
City, State & Zip
954-913-8987
Daytime Telephone number
zahid.hossain5@yahoo.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)

3/4

ARTICLE I NAME
The name of the corporation shall be: SAMIR PETRO INC

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1660 LAKE SHIPP DR
WINTER HAVEN, FL 33880

5667 SANDBIRCH WAY
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: MATIAH RAHAMAN - PDTS
Address: 1741 RED CEDAR DR #16
FT MYERS, FL 33907

Name and Title: N/A
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

2010 OCT -9 PM 4:50

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4/4

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: OCTOBER 8, 2020 (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.

X Matias Rahaman
Required Signature/Registered Agent

10/08/2020

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.

X Matias Rahaman
Required Signature/Incorporator

10/08/2020

Date