

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: LYONS PETROLEUM@YAHOO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
SUPER PETROLEUM 17 INC

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

2020 DEC 15 PM 2:27

~~22000~~ Derrick Thompson
12/16/2

COVER LETTER

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

SUBJECT: SUPER PETROLEUM 17 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: MOHAMMAD AZAM
Name (Printed or typed)
8957 LAKE WORTH RD
Address
LAKE WORTH, FL 33467
City, State & Zip
954-993-2044
Daytime Telephone number
lyonspetroleum@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

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

ARTICLE I NAME

The name of the corporation shall be: SUPER PETROLEUM 17 INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

930 US-92

SEFFNER, FL 33584

8957 LAKE WORTH RD

LAKE WORTH, FL 33467

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: MOHAMMAD AZAM - PDTS

Name and Title: _____

Address 8957 LAKE WORTH RD

Address: _____

LAKE WORTH, FL 33467

Name and Title: _____

Name and Title: _____

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: MOHAMMAD AZAM
Address: 8957 LAKE WORTH RD
LAKE WORTH, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMAD AZAM
Address: 8957 LAKE WORTH RD
LAKE WORTH, FL 33467

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

Mohammed Azam
Required Signature/Registered Agent

DECEMBER 15, 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.

Mohammed Azam
Required Signature/Incorporator

DECEMBER 15, 2020
Date