

P21000014885

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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21 FEB 18 PM 12:55

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

2020 FEB 18 PM 3:30

****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
BAYSIDE PETRO INC**

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

J DENNIS
FEB 19 2021

COVER LETTER

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

SUBJECT: BAYSIDE 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: SRIBAS DAS

Name (Printed or typed)

3141 CORAL RIDGE DR

Address

CORAL SPRINGS, FL 33065

City, State & Zip

954-889-4593

Daytime Telephone number

JRSSALES21@GMAIL.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)

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ARTICLE I NAME

The name of the corporation shall be: BAYSIDE PETRO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2094 HWY A1A

3141 CORAL RIDGE DR

INDIAN HARBOR BEACH, FL 32937

CORAL SPRINGS, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY & ALL LAWFUL BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES AT \$1.00 PAR VALUE

FIRST NAME: M. BABUL
MIDDLE NAME: ALAM
LAST NAME: KHAN

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SRIBAS DAS - PDT

Name and Title: M. BABUL ALAM KHAN - VPS

Address: 3141 CORAL RIDGE DR

Address: 3509 SW 52ND AVE, #207

CORAL SPRINGS, FL 33065

PEMBROKE PARK, FL 33023

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: SRIBAS DAS
Address: 3141 CORAL RIDGE DR
CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SRIBAS DAS
Address: 3141 CORAL RIDGE DR
CORAL SPRINGS, FL 33065

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

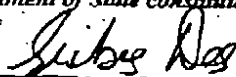


Required Signature/Registered Agent

02/18/2021

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

02/18/2021

Date