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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 : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
KRISH PETRO INC.**

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

MAR 12 2021

T. SCOTT

FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS
AJ ACCOUNTING SERVICES

2021 MAR 11 PM 2:28

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COVER LETTER

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

SUBJECT: Krish 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: MD Amanur Rashid Khan
Name (Printed or typed)

7785 Gladious Dr #39
Address

Fl. Myers, FL 33908
City, State & Zip

305-448-9584
Daytime Telephone number

jabbarandassociates@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)

ARTICLE I NAMEThe name of the corporation shall be: KRISH PETRO INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
241 S Indiana AveEnglewood, FL 34223

Mailing address, if different is:

7785 GLADIOLUS DR # 39Ft. MYERS, FL 33908**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PresidentAddress: MD AMANUR R KHAN7785 GLADIOLUS DRAPT 39Ft. MYERS, FL 33908Name and Title: V.P.Address: PINKU C. DEBNATH3835 Seaside DRKey West, FL 33040

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2001 MAR 11 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: MD Amanur R. Khan
Address: 7785 GLADIOLUS DR # 39
FL MYERS, FL 33908

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD Amanur R. Khan
Address: 7785 GLADIOLUS DR # 39
FL MYERS, FL 33908

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

X MD. Amanur Khan
Required Signature/Registered Agent

3/11/21
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 MD. Amanur Khan
Required Signature/Incorporator

3/11/21
Date