

P21000050350

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 : AJ ACCOUNTING SERVICES, INC.
Account Number : 120110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

****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
AAHIL PETROLEUM INC

Certificate of Status	1
Certified Copy	1
Page Count	03
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SB
5/27/21

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21 MAY 26 AM 1:36

2021 MAY 26 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
OFFICE

COVER LETTER

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

SUBJECT: AAhil Petroleum 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: AAhil Petroleum Inc.
Name (Printed or typed)

3 North Alternate A1A
Address

Jupiter, FL 33477
City, State & Zip

305-443-9584
Daytime Telephone number

jabbourandassociates@gmail.com
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

ARTICLE I NAME

The name of the corporation shall be: AAHIL Petroleum Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3 NORTH ALTERNATE A1A
Jupiter, FL 33477

3 NORTH ALTERNATE A1A
Jupiter, FL 33477

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: President Name and Title: _____

Address MD HASAN AHMED
3 N ALT A1A
Jupiter, FL 33477

Name and Title: VP Name and Title: _____

Address Ahmed Sukrana Noor
1421 Sunset RD
West Palm Beach, FL 33406

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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 Hasan Ahmmed
 Address: 3 N ALT A1A
Jupiter, FL 33477

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MD Hasan Ahmmed
 Address: 3 N ALT A1A
Jupiter, FL 33477

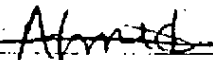
ARTICLE VIII EFFECTIVE DATE:

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.)

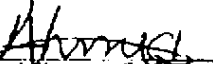
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 
 Required Signature/Registered Agent

5/26/21
 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 
 Required Signature Incorporator

5/26/21
 Date