

P22000021010

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

****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
PADMA TRADING INC**

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

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Corporate Filing Menu

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2022 MAR 18 PM 2:28

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FLORIDA
DEPARTMENT OF
CORPORATIONS
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COVER LETTER

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

SUBJECT: PADMA TRADING 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: PADMA TRADING INC
Name (Printed or typed)
1896 NW 145TH TER
Address
PEMBROKE PINES, FL 33028
City, State & Zip
786-290-9010
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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FILED

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

ARTICLE I NAMEThe name of the corporation shall be: PADMA TRADING INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address1896 NW 145TH TERPEMBROKE PINES, FL 33028

Mailing address, if different is:

1896 NW 145TH TERPEMBROKE PINES, FL 33028**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: MD KAMRUL HOSSAIN, PD

Name and Title: _____

Address

1896 NW 145TH TER

Address: _____

PEMBROKE PINES, FL 33028

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2022 MAR 13 PM 11:15
SECRET

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 KAMRUL HOSSAIN
Address: 1896 NW 145TH TER
PEMBROKE PINES, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD KAMRUL HOSSAIN
Address: 1896 NW 145TH TER
PEMBROKE PINES, FL 33028

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

MD Kamrul Hossain
Required Signature/Registered Agent

03/18/2022

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.

MD Kamrul Hossain
Required Signature/Incorporator

03/18/2022

Date

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