# P22000031210

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300386593943

04/27/22--01001--018 \*\*70.00

DIVISION OF CORPORATION FALLAHASSEE, FLORIDA

RECEIVED

SLALLAHASSIFIA

## **CORPORATE** ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	, , , <u>, , , , , , , , , , , , , , , , </u>				
	PI	CK UP:	4/26 DANNY		
	CERTIFIED COPY				
XX	РНОТОСОРУ			· <u>-</u>	
	CUS				
XX	FILING	INC			
	FAIZAN PETROLEU CORPORATE NAME AND DO				
	CORPORATE NAME AND DOC				
((		CUMENT #)			
(0	CORPORATE NAME AND DO	CUMENT #)			

#### **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:			
t <b>%</b> (\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status			
FROM:	FAIZAN PETI Nam	ROLEUM INC e (Printed or typed)				
_	8161 WILE:					
	Address CORAL SPRINGS FL 33067					
<del></del>	City, State & Zip					
	(407) 453-9311					
_	Daytime Telephone number					
	amineonsulting@outlook.com	n				
**	E-mail address: (to be use	d 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)

ILES ROAD	NCIPAL OFFICE Principal street address	8161 WILES RO		
AI, SPRINGS FL 33067		CORAL SPRINGS FL 33067		
ICLE III PUI purpose for whice	RPOSE  the the corporation is organized is: ANY AN	D ALL LAWFUL BUSINES	SS	
			Ale S	
			2022 AP	ros
				E45
			<b>∂</b> . <b>6</b>	# 65 12
			f: -	
			<u>e.                                </u>	É
ICLE IV SHA			110:06	
number of shares	<u>ARES</u>		10: 06	
number of shares	ARES of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS	Name and Title:	10: 06	
number of shares  ICLE V INI  Name and T	ARES of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Title: ROVEL HOSSAIN - PRESIDENT	Name and Title:	10.06	
Name and T	ARES S of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Title: ROVEL HOSSAIN - PRESIDENT  8161 WILES ROAD	Name and Title:Address:	10.06	
Name and T	ARES  For stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Title: ROVEL HOSSAIN - PRESIDENT  8161 WILES ROAD  CORAL SPRINGS FL 33067	Name and Title:  Address:  Name and Title:  Address:	10.06	
Name and Ti	ARES  of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Title: ROVEL HOSSAIN - PRESIDENT  8161 WILES ROAD  CORAL SPRINGS FL 33067	Name and Title:  Address: Name and Title: Address:	10: 06	
Name and Ti Address  Address	ARES  For stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Fitle: ROVEL HOSSAIN - PRESIDENT  8161 WILES ROAD  CORAL SPRINGS FL 33067	Name and Title:Address:Name and Title:Address:	10· 06	

· Name a	and Title:	Name and Title:	
Address		Address:	
	<del></del>		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name:	ROVEL HOSSAIN	<del></del>	
Address:	8161 WILES ROAD		1
	CORAL SPRINGS FL 33067		LULL APR
ARTICLE VII	INCORPORATOR		MALLAHASS
The name and	address of the Incorporator is:		S S E
Name:	ROVEL HOSSAIN	<u></u>	AMID: 06 SSEE. FL
Address:	8161 WILES ROAD		- E <b>6</b>
	CORAL SPRINGS FL 33067	<del></del>	
Effective date.	I EFFECTIVE DATE: if other than the date of filing:04/26/2022 e date is listed, the date must be specific and	. (OPTION/ cannot be more than five day:	AL) s prior or 90 days after the
Note: If the dat	te inserted in this block does not meet the appli s effective date on the Department of State's rec	cable statutory filing requireme cords.	ents, this date will not be listed as
	amed as registered agent to accept service of pro- of familiar with and accept the appointment as reg		
	Required Signature/Registered Agen		4-26-2012
			Date
I submit this de document to th	ocument and affirm that the facts stated herei e Department of State constitutes a third degre	n are true. I am aware that the e felony as provided for in s.81	false information submitted in a 7.155, F.S.
	Rowl Hossan		4.26-2022
Required Signa	iture/Incorporator		Date

.