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Florida Department of Banking & Finance
Division of Corporations
Electronic Filing Cover Sheet

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H230000341543ABOW

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : I20220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

****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 HMS PETROLEUM INC

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

2023-01-26 PM 3:22

COVER LETTER

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

SUBJECT: HMS 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 ☐ \$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: HMS PETROLEUM INC.
Name (Printed or typed)

3401 SW DARWIN BLVD
Address

PORT ST LUCIE, FL 34953
City, State & Zip

786-239-9353
Daytime Telephone number

AIMET@EXPRESSTAXSVCS.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: HMS PETROLEUM INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3401 SW DARWIN BLVD3401 SW DARWIN BLVDPORT ST LUCIE, FL 34953PORT ST LUCIE, FL 34953**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 HASAN AHMMED, PDName and Title: MANZURUL ISLAM, VPAddress 3401 SW DARWIN BLVDAddress: 3401 SW DARWIN BLVDPORT ST LUCIE, FL 34953PORT ST LUCIE, FL 34953

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: 3401 SW DARWIN BLVD
PORT ST LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MD HASAN AHMMED
Address: 3401 SW DARWIN BLVD
PORT ST LUCIE, FL 34953

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 Hasan Ahmmed

Required Signature/Registered Agent

01/26/2023

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 Hasan Ahmmed

Required Signature/Incorporator

01/26/2023

Date