

P230000028779

Florida Department of State
Division of Corporations
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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 PROTA PETROLEUM INC

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

RECEIVED
2023 APR 12 AM 11:59

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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ma
2023 APR 12 PM 2:00
FALL AD ASSIST

COVER LETTER

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

PROTA PETROLEUM INC

SUBJECT: _____
 (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: MD MONIRUJJAMAN

 Name (Printed or typed)

731 N C STREET

 Address

LAKE WORTH, FL 33460

 City, State & Zip

305-400-8312

 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.

FILED
 APR 12 2023
 TALLAHASSEE, FL

2023 APR 12 PM 2:00

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: PROTA PETROLEUM INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

731 N C STREET

LAKE WORTH, FL 33460

Mailing address, if different is:

731 N C STREET

LAKE WORTH, FL 33460

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 MONIRUJJAMAN, PD

Address 731 N C STREET

LAKE WORTH, FL 33460

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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 MONIRUJJAMAN
Address: 731 N C STREET
LAKE WORTH, FL 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD MONIRUJJAMAN
Address: 731 N C STREET
LAKE WORTH, FL 33460

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 Monirujjaman
Required Signature/Registered Agent

04/03/2023
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 Monirujjaman
Required Signature/Incorporator

04/03/2023
Date