

To:

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2024-03-25 19:39:25 GMT

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From: Aimet Arenas

3/25/24, 3:22 PM

Division of Corporations
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
SHERIDAN OIL COMPANY INC**

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

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: SHERIDAN OIL COMPANY 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: MD HASAN AHMMED
 Name (Printed or typed)

14602 SHERIDAN ST
 Address

PEMBROKE PINES, FL 33330
 City, State & Zip

954-330-6229
 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.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

ARTICLE I NAMEThe name of the corporation shall be SHERIDAN OIL COMPANY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is

14602 SHERIDAN ST202 PENNOCK TRACE DRPEMBROKE PINES, FL 33330JUPITER FL 33458**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFULL 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, PD

Name and Title

Address 202 PENNOCK TRACE DR

Address

JUPITER, FL 33458

Name and Title

Name and Title

Address

Address

Name and Title

Name and Title

Address

Address

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title _____	Name and Title _____
Address _____	Address _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MD HASAN AHMMED

Address: 202 PENNOCK TRACE DR
JUPITER FL 33458

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MD HASAN AHMMED

Address: 202 PENNOCK TRACE DR
JUPITER, FL 33458

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 03/25/2024

Required Signature/Registered Agent 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 03/25/2024

Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA