

5/1/24, 4:10 PM

Division of Corporations

P24000030122

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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: AIMET@EXPRESSTAXSVCS.COM

(1)

2024 MAY 1 - 11:42:02

FLORIDA PROFIT/NON PROFIT CORPORATION
CITY PETROLEUM INC

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

2024 MAY -1 PM 12:25
DIV OF STATE
TALLAHASSEE, FL

RECEIVED

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Corporate Filing Menu

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T. MATTHEWS

MAY - 2 2024

COVER LETTER

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

SUBJECT: CITY 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: MD ENAMUL HAQUE
Name (Printed or typed)

8680 W. FLAGLER ST
Address

MIAMI, FL 33144
City, State & Zip

561-201-3992
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)

FILED

ARTICLE I NAME

The name of the corporation shall be: CITY PETROLEUM INC

2024 MAY -1 PM 12: 25

ARTICLE II PRINCIPAL OFFICE

Principal street address

8680 W. FLAGLER ST
MIAMI, FL 33144

SECRETARY OF STATE
Mailing address, if different

8680 W. FLAGLER ST
MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MD ENAMUL HAQUE, PD

Address: 8680 W. FLAGLER ST
MIAMI, FL 33144

Name and Title: MOHAMMED ALAMGIR, VP

Address: 8680 W. FLAGLER ST
MIAMI, FL 33144

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 ENAMUL HAQUE
Address: 8680 W. FLAGLER ST
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD ENAMUL HAQUE
Address: 8680 W. FLAGLER ST
MIAMI, FL 33144

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.

If 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 ENAMUL HAQUE 05/01/2024
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 ENAMUL HAQUE 05/01/2024
Required Signature/Incorporator Date