

5/16/24, 4:53 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
M&H PETROLEUM INC

Certificate of Status	1
Certified Copy	1
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COVER LETTER

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

SUBJECT: M&H 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 HASAN AHMMED
Name (Printed or typed)

5675 US HWY 1
Address

FORT PIERCE, FL 34982
City, State & Zip

954-330-6629
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 NAME
The name of the corporation shall be: M&H PETROLEUM INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
5675 US HWY 1
FORT PIERCE, FL 34982

Mailing address, if different is:
5675 US HWY 1
FORT PIERCE, FL 34982

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 HASAN AHMMED, PD Name and Title: _____

Address 5675 US HWY 1 Address: _____
FORT PIERCE, FL 34982 _____

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: 5675 US HWY 1
FORT PIERCE, FL 34982

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MD HASAN AHMMED
Address: 5675 US HWY 1
FORT PIERCE, FL 34982

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 a registered agent to accept service of process for the above state 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 05/16/2024
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 05/16/2024
Required Signature/Incorporator Date

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