

5/21/24, 12:56 PM

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : 120220000138
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

RECEIVED
2024 MAY 21 PM 2:55
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
RUSDIA OIL INC**

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

2024

COVER LETTER

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

SUBJECT: RUSDIA OIL 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: MOHAMMED BABAR
Name (Printed or typed)

14970 NE 6 AVE
Address

MIAMI, FL 33161
City, State & Zip

305-364-5123
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 RUSDIA OIL INC

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is
14970 NE 6 AVE 14970 NE 6 AVE
MIAMI, FL 33161 MIAMI, FL 33161

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MOHAMMED BABAR - PD</u>	Name and Title:	
Address	<u>14970 NE 6 AVE</u>	Address:	
	<u>MIAMI, FL 33161</u>		
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 MOHAMMED BABAR
Address 14970 NE 6 AVE
MIAMI, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMED BABAR
Address: 14970 NE 6 AVE
MIAMI, FL 33161

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

Mohammed Babar 05/21/2024
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.

Mohammed Babar 05/21/2024
Required Signature/Incorporator Date

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