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**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: AIMET@EXPRESSTAXSVCS.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ROHAAN PETROLEUM INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
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**COVER LETTER**

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

**SUBJECT: ROHAAN 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: MOHAMMED BABAR**

Name (Printed or typed)

**1010 SEAWAY DR**

Address

**FORT PIERCE, FL 34949**

City, State & Zip

**305-206-0259**

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: ROHAAN PETROLEUM INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1010 SEAWAY DRFORT PIERCE, FL 34949

Mailing address, if different is:

5201 HARRISON STHOLLYWOOD, FL 33021**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: MOHAMMED BABAR - PD

Name and Title: \_\_\_\_\_

Address 1010 SEAWAY DR

Address: \_\_\_\_\_

FORT PIERCE, FL 34949

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MOHAMMED BABAR  
Address: 1010 SEAWAY DR  
FORT PIERCE, FL 34949

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MOHAMMED BABAR  
Address: 1010 SEAWAY DR  
FORT PIERCE, FL 34949

**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 10/01/2024  
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.*

Mohammed Babar 10/01/2024  
Required Signature/Incorporator Date

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