

Florida Department of State

Division of Corporations

Electronic Filing Sheet

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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
RINKU PETROLEUM 2 INC**

Certificate of Status	1
Certified Copy	1
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: RINKU PETROLEUM 2 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: PROKASH MAJUMDER

Name (Printed or typed)

4554 W IRLO BRONSON MEMORIAL HWY

Address

KISSIMME FL 34746

City, State & Zip

305-490-8419

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.

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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: RINKU PETROLEUM 2 INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
4554 W IRLO BRONSON MEMORIAL HWY
KISSIMME FL 34746Mailing address, if different is:
4554 W IRLO BRONSON MEMORIAL HWY
KISSIMME FL 34746**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: PROKASH MAJUMDER-PD Name and Title: _____Address 4554 W IRLO BRONSON MEMORIAL HWY Address: _____
KISSIMME FL 34746Name and Title: MIZANUR R. METUN - VP Name and Title: _____Address 4554 W IRLO BRONSON MEMORIAL HWY Address: _____
KISSIMME FL 34746

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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KISSIMMEE

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: PROKASH MAJUMDER
Address: 4554 W IRLO BRONSON MEMORIAL HWY
KISSIMME FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PROKASH MAJUMDER
Address: 4554 W IRLO BRONSON MEMORIAL HWY
KISSIMME FL 34746

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

Prokash Majumder 01/28/2025
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.

Prokash Majumder 01/28/2025
Required Signature/Incorporator Date

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SECRETARY OF STATE
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TALLAHASSEE