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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:							

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI CITY PETROLEUM INC

Certificate of Status	1
Certified Copy	
Page Count	1)4
Estimated Charge	\$87.50

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From; Aimet Arenas

COVER LETTER

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

SUBJECT:	MIAMI CITY PETROLEUM INC	
	(PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)	

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 Eiling Fee. & Certified Copy

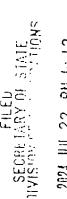
& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	MOHAMMED ALAMGIR Name (Printed or typed)					
	11585 HIBBS GROCE DR					
	Address					
	COOPER CITY, FL 33330					
	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 corporat	ion shall be:	TROLEUM INC	
ARTICLE II PRINC			tailingaddress, if differentis:
11585 HIBBS GRO	OVE DR	115	85 HIBBS GROVE DR
COOPER CITY, F	FL 33330	Co	DOPER CITY, FL 33330
	OSE ne corporation is organized is:		
			· · · · · · · · · · · · · · · · · ·
	ES 1000 stock is: LOFFICERS AND/OR DIRECTO MOHAMMED ALAMGIR, PO		ASHRAF HABIB, VP
	11585 HIBBS GROVE DR	Name and Title:	
Address		Address:	11585 HIBBS GROVE DR
	COOPER CITY, FL 33330		COOPER CITY, FL 33330
Name and Title:		Name and Title:	
Address		Address:	
1.00			
			
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:				
Address						
ARTICLE VI R The name and Flo	<u>EGISTERED AGENT</u> rida street <u>address</u> (P.O. Box NOT acceptabi	e)ofthoregistered agent is:				
Name:	MOHAMMED ALAMGIR					
Address:	11585 HIBBS GROVE DR					
	COOPER CITY FL 33330					
<u>ARTICLE VII. 1</u>	NCORPORATOR					
The <u>name and ado</u>	Iress of the Incorporator is:					
Name:	MOHAMMED ALAMGIR					
Address:	11585 HIBBS GROVE DR					
	COOPER CITY, FL 33330					
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and ca	(OPFION	FAL) ys prior or 90 days after the			
	nserted in this block does not meet the applied fective date on the Department of State's reco		nents, this date will not be fisted as			
certificate, Lum fa.	ed as registered agent to accept vervice of proce miliar with and accept the appointment as reg					
Moi	rammed Alamgir		07/22/2024			
	Required Signature/Registered Agent		Date			
document to the D	ment and affirm that the facts stated herein epartment of State constitutes a third degree fo					
Moha	mmed Alamgir		07/22/2024			
Required Signature		····	Date			