

Florida Department of State

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 : 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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

MIAMI CITY PETROLEUM INC

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

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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 - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing 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.

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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:

MIAMI CITY PETROLEUM INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11585 HIBBS GROVE DR

11585 HIBBS GROVE DR

COOPER CITY, FL 33330

COOPER CITY, FL 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMMED ALAMGIR, PD

Name and Title: ASHRAF HABIB, VP

Address: 11585 HIBBS GROVE DR

Address: 11585 HIBBS GROVE DR

COOPER CITY, FL 33330

COOPER CITY, FL 33330

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

Name: MOHAMMED ALAMGIR

Address: 11585 HIBBS GROVE DR
COOPER CITY, FL 33330

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MOHAMMED ALAMGIR

Address: 11585 HIBBS GROVE DR
COOPER CITY, FL 33330

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.

| | |
|-------------------------------------|-------------------|
| <u>Mohammed Alamgir</u> | <u>07/22/2024</u> |
| 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.

| | |
|---------------------------------|-------------------|
| <u>Mohammed Alamgir</u> | <u>07/22/2024</u> |
| Required Signature/Incorporator | Date |