

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 : 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
BISCAYNE GAS STATION INC

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

2024 AUG 14 PM 1:12
DEPT OF STATE
CORP SEC FL

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AUG 13 PM 1:36
REGISTRATION
COMMERCIAL
SERVICES

COVER LETTER

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

SUBJECT: BISCAYNE GAS STATION 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 GROVE DR

Address

COOPER CITY, FL 33330

City, State & Zip

954-253-4887

Daytime Telephone number

AIMET@EXPRESSTAXSVCS.COM

E-mail address: (to be used for future annual report notification)

DEPT. OF STATE
TALLAHASSEE, FL

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RECEIVED

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: BISCAYNE GAS STATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
12300 BISCAYNE BLVD
NORTH MIAMI, FL 33181

Mailing address, if different is:
11585 HIBBS GROVE DR
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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOMAMMED ALAMGIR - PD

Name and Title: _____

Address 11585 HIBBS GROVE DR
COOPER CITY, FL 33330

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE OF FLORIDA
SECRETARY OF STATE

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 ALAMGIR
Address: 11585 HIBBS GROVE DR
COOPER CITY, FL 33330

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STATE DEPT OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **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.

Mohammed Alamgir
Required Signature/Registered Agent

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STATE DEPT OF STATE
TALLAHASSEE, FL

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 Alamgir
Required Signature/Incorporator

Date 08/14/2024