

P21000001998

1/11/2021

Division of Corporations

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 : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

21 JAN 11 PM 1:55

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
RISHAN PETROLEUM INC.

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

2021 JAN 11 PM 2:22

Electronic Filing Menu

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: Rishan 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: MD AKTAR HOSSAIN
Name (Printed or typed)

2465 27th AVE SW
Address

VERO BEACH, FL 32908
City, State & Zip

305-448-9534
Daytime Telephone number

jabbourandassociates@gmail.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: Rishan Petroleum Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2465 27th Ave SW
Vero Beach, FL 32968

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

All LAWFUL PURPOSES

21 JAN 11 11 PM '00

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MD AKHTAR HOSSEIN Name and Title: _____

Address: President Address: _____

2465 27th Ave SW
Vero Beach, FL 32968

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 AGENT

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

Name: MD Akhtar Hossain
 Address: 2465 27th Ave SW
Vero Beach, FL 32908

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MD Akhtar Hossain
 Address: 2465 27th Ave SW
Vero Beach, FL 32908

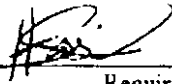
ARTICLE VIII EFFECTIVE DATE:

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


 Required Signature/Registered Agent

1/11/21
 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.


 Required Signature/Incorporator

Date 1/11/21