

P21000003645

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

2021 JAN 21 11:04

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Jabbourandassociates@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Siesta Oil Inc

Certificate of Status	1
Certified Copy	1
Page Count	005
Estimated Charge	\$87.50

J DENNIS
JAN 22 2021



January 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AJ ACCOUNTING SERVICES, INC.

SUBJECT: SIESTA OIL INC
REF: W21000005602

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H21000026435
Letter Number: 721A00001312

COVER LETTER

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

SUBJECT: Siesta Oil 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 Amanur Rashid Khan
Name (Printed or typed)

3440 S Osprey Ave
Address

Sarasota, FL 34239
City, State & Zip

305-448-9584
Daytime Telephone number

jabbouandassociates@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: Siesta Oil Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3440 S Osprey Ave
Sarasota, FL 34239

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: PD Name and Title: _____

Address MD Amanur R. Khan Address: _____
3440 S Osprey Ave
SARASOTA, FL 34239

Name and Title: VP Name and Title: _____

Address CHRISTIAN V. DIAZ RAMAS Address: _____
3440 S Osprey Ave
SARASOTA, FL 34239

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 Amanur R. Khan
 Address: 3440 S. Osprey Ave
SARASOTA, FL 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD Amanur R. Khan
 Address: 3440 S. Osprey Ave
SARASOTA, FL 34239

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

Akhan
 Required Signature/Registered Agent

1/19/21
 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.

Akhan
 Required Signature/Incorporator

1/19/21
 Date