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Florida Department of State
Division of Corporations
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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KRISH PETRO INC.

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

MAR 12 2021
T. SCOTT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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RECEIVED

COVER LETTER

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

SUBJECT: Krish Petro 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: MO Amanur Rashid Khan
Name (Printed or typed)

7785 Gladialus Dr. # 39
Address

Fl. Myers, FL 33908
City, State & Zip

305-448-9584
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: KRISH PETRO INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
241 S Indiana Ave
Englewood, FL 34223

Mailing address, if different is:
7785 Gladiolus Dr # 39
Ft. Myers, FL 33908

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: President

Name and Title: V.P.

Address: MD Amanur R Khan
7785 Gladiolus Dr
Apt 39
Ft. Myers, FL 33908

Address: Pinku C. Debnath
3835 Seaside Dr
Key West, FL 33040

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2001 MAR 11 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: 7785 Gladiolus DR # 39
FL MYERS, FL 33908

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD Amanur R. Khan
 Address: 7785 Gladiolus DR # 39
FL MYERS, FL 33908

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

x MD. Amanur Khan
 Required Signature/Registered Agent

3/11/21
 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.

x MD. Amanur Khan
 Required Signature/Incorporator

Date 3/11/21