

F22000000782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

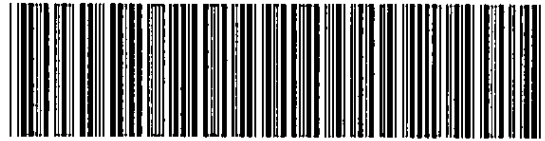
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21-160974
W21-152600

Office Use Only



200376286312

11/19/21--01014--003 **87.50

FILED
NOV 19 2021
CLERK OF DISTRICT COURT
STATE OF FLORIDA

S. HAWKES
NOV 19 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2021

DEBBIE MARTENS
1909 E 12TH STREET
GALENA, KS 66739

SUBJECT: OASIS CAR WASH SYSTEMS, INC.
Ref. Number: W21000160974

We have received your document for OASIS CAR WASH SYSTEMS, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

We cannot use the attachment that you sent. Please have the Register Agent sign number (9).,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 121A00030931



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2021

DEBBIE MARTENS
1909 E 12TH STREET
GALENA, KS 66739

SUBJECT: OASIS CAR WASH SYSTEMS, INC.
Ref. Number: W21000152600

We have received your document for OASIS CAR WASH SYSTEMS, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 721A00028741

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oasis Car Wash Systems, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debbie Martens

Name of Person

Oasis Car Wash Systems, Inc.

Firm/Company

1909 E 12th Street

Address

Galena, KS 66739

City/State and Zip code

dmartens@oasisews.com

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

For further information concerning this matter, please call:

Debbie Martens

at (620) 783-1355

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **Oasis Car Wash Systems, Inc**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Colorado**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4.

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1909 E 12th St Galena KS**

(Principal office street address)

1909 E 12th St Galena KS 66739

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Registered Agents Inc.

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

, Florida

33702

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
JAN 13-7 PM 2:52
STATE
OFFICE

A: DIRECTORS

☐ Chairman Name: Stephen Wade
☐ Vice Chairman Address: 1909 E 12th Street
☐ Director Galena, KS 66739
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Debbie Martens
☐ Vice Chairman Address: 1909 E 12th Street
☐ Director 1909 E 12th Street
☐ President Galena, KS 66739
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Debbie Martens
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Debbie Martens
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 2146025

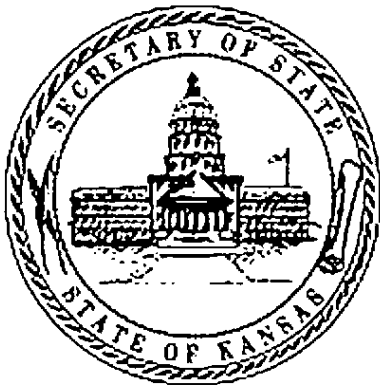
Entity Name: OASIS CAR WASH SYSTEMS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on March 25, 1994, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 03, 2021

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1196180 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.