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SECRETARY OF STATE
NAME OF STATE

COVER LETTER

	Registration Section Division of Corporation	18			
SUBJE	CT: Dealer's Choice L	uxury Detailing Inc.			
		Name of corporation	- must include suffix		
Dear Sir	or Madam:				
"Certifica	ate of Existence," or "O		Authorization to Transac ding" and check are subi ss in Florida.		
Please ret	turn all correspondence	e concerning this matter	to the following:		
Reid M. V	Vyman				
		Name of	Person		
Dealer's C	Choice Luxury Detailing				
	· · · · · · · · · · · · · · · · · · ·	Firm/Com	ıpany		
3940 Inve	errary Blvd, Apt. 508A				
	***	Addre	ess		
Ft. Laude	rdale	81 333	319		
		City/State a	nd Zip code		
reid@theo	dealerschoicedetailing.co	əm			
	E-ma	ail address: (to be used f	or future annual report n	otification)	
For furthe	er information concern	ing this matter, please c	all:		
Reid M. V	Vyman	774	8367155	Daytime Telephone Number	
	Name of Person	Area Code	e Daytime Teleph	none Number	
F E 1 2	STREET/COURIER Registration Section Division of Corporation The Centre of Tallahass 415 N. Monroe Street Tallahassee, FL 32303	ns see . Suite 810	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Please ma	Filing Fee 🔲 \$7	ORIDA DEPARTMENT	OF STATE \$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	Euxury Detailing Inc. corporation; must include "INCORPORATED,"	"COMPANY" "CORPORATION	ON "
"Inc" "Co" "C	Corp.," "Inc.," "Co." or "Corp.")	COMPANT, CONTONATION	JN.
Dealer's Choice	Luxury Detailing Inc.		
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transact	ting business in Florida)
Delaware 2.	3.		
(State or countr	ry under the law of which it is incorporated)	(FEI number, if	applicable)
10/26/2021	5.		
(Date	e of incorporation)	(Date of duration, if other	er than perpetual)
5.			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		oility)
3940 Inverrary B	Hvd Ff Landerbale, 1	7, 7, 7, 2, 2, 1, 9	
· • <u> </u>		e street address)	
3940 Inverrary E	Blvd T-Lloulastal	FL 33319	
	(Current mailing	address, if different)	
	, , ,	,	
3. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
	Maurice Wyman		7.02
Name:			FILE 2022 HAR 11 SECRETASS
Office Address:	3940 Inverrary Blvd	<u></u>	到第二
	Ft. Lauderdale	Florida	
	(City)	(Zip code)	
Registered ag	ent's acceptance:		FLORD FLORD
	ned as registered agent and to accept service	e of process for the above stat	ted corporation at the place
	application, I hereby accept the appointme		
	omply with the provisions of all statutes rel with and accept the obligations of my posi		tete perjormance of my aut
,	,		
_	Maurice B. Uyr (Registered agony's sig	won	
_	(Registered agony's sig	nature)	

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.

A. DIRECTORS	•		\mathcal{O}^{-1}		
□Chairman	Name:	□ Chairman	Name: Keld IVI WYMC		
□Vice Chairman	Address:	□Vice Chairman	Address: 3940 Inverray (3		
Director	Maurice B. Wyman	□Director	Ft Landerdale		
■ President	Boid M. Wyman 3940 Inverray 13/Vd	D'President	3 3 5		
□Vice President	Ft Landerdate 33319	□ Vice President			
Secretary	うろう! ヤ	€ cretary	□Treasurer		
□OtherTyrell C	hristie	□Other			
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	Treasurer	☐ Secretary	□Treasurer		
Other	Other	□Other	Other		
□Chairman	Name:	□Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□ Vice President		□ Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
Other	Other	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	Manues B. M. Signature of Direct	of 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. MAURICE B. Wynan) (Typed or printed name and capacity of person signing application)					



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DEALER'S CHOICE LUXURY DETAILING INC"

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEALER'S CHOICE LUXURY DETAILING INC" WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 202666280

Date: 02-15-22