mnn50

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Decision Faith Mann)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900441213919

CHOUNTED

CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 01/27/25 Order #: 1782511-1

Re: DELTA-SONIC CARWASH SYSTEMS, INC.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

10:	_	egistration Section vision of Corporations				
SUBJI	ECT:	Delta-Sonic Carwash Systems, Inc.				
	_ •	Name of corporation - must include suffix				
Dear Si	r or M	adam:				
"Certifi	cate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to to	of Good Stand	ling" and check are subm		
Please r	return a	all correspondence concerni	ng this matter t	to the following:		
Kim Ta	ylor					
			Name of P	erson		
Benders	son Dev	elopment Company, LLC				
			Firm/Comp	pany		
7978 Cd	ooper C	reek Blvd.				
	-		Addres	55		
Univers	ity Parl	c, FL 34201				
			City/State an	d Zip code		
taxdepa	rtment(@benderson.com				
		E-mail address	: (to be used fo	or future annual report not	ification)	
For furt	ther inf	ormation concerning this m	atter, please ca	ill:		
Kim Ta	ylor		941	360-7259		
	Name	e of Person	Area Code	Daytime Telepho	ne 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		
	nake ch	check for the following amore ck payable to: FLORIDA Ding Fee S78.75 Filin Certificate of	EPARTMENT g Fee & 🗀	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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. Delta-Sonic Car	wash Systems, Inc.				
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"			
(If name unavaila	able in Florida, enter alternate corporate name ad		ness in Florida)		
New York	Sew York 3. 16-0972035				
·	y under the law of which it is incorporated)	(FEI number, if applicable)			
May 1, 1970	5				
	of incorporation)	(Date of duration, if other than po	(Date of duration, if other than perpetual)		
January 6, 2025					
570 Delaware Av	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 enue, Buffalo, New York 14202	forida, if prior to registration) 2, F.S., to determine penalty liability)			
	(Principal office	street address)			
*** 12.12	(Current mailing	address, if different)	<u></u>		
	(Curen maning	address, it differently	5 JAN 27		
. Name and stree	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	127		
Name:	Alicia H. Gayton		79 74		
Office Address:	7978 Cooper Creek Blvd.,	_	1 2: 0		
	University Park	. Florida ³⁴²⁰¹			
	(City)	(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 stsignature)
Alicia H. Gayton

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 Ronald Benderson **Todd Benderson** □Chairman Name: □ Chairman 570 Delaware Avenue 570 Delaware Avenue ☐ Vice Chairman Address: ☐ Vice Chairman Address: Buffalo, New York 14202 Buffalo, New York 14202 □ Director Director President ☐ President □ Vice President **■** Vice President ☐ Secretary ☐ Treasurer □ Secretary Treasurer □Other _____ Other ____ □Other ___ Name: Randall Benderson Brett Benderson □ Chairman Name: ☐ Chairman 570 Delaware Avenue 570 Delaware Avenue Address: □Vice Chairman □Vice Chairman Buffalo, New York 14202 Buffalo, New York 14202 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 _____ 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. 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

(Typed or printed name and capacity of person signing application)

s.817.155, F.S.

Todd Benderson, Vice President & Treasurer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: DELTA-SONIC CARWASH SYSTEMS, INC.

DOS ID Number: 233313

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING **Date of Initial Filing with DOS:** 05/01/1970

Statement Status: CURRENT Statement Due Date: 05/31/2026

tatement Due Date. 03/31/20/

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 24, 2025 at 02:53 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hydra

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007346324 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov