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| (Requestor's Name) |
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J SHIVERS

COVER LETTER

TO: Registration Section

Division of Corporations

| | | Name of | Limited Liability | Company | |
|--------------------------------|---|--|--------------------|--|--|
| | | | | | ansact Business in Florida," Certific y company to transact business in F |
| return all | correspondence | concerning this matter to the | following: | | |
| | Robert Wall | | | | |
| | | N | lame of Person | | |
| | Car Washes of | America, LLC | | | |
| | | F | irm/Company | | · |
| | 1903 Pass Roa | d Suite D | | | |
| | | | Address | | . |
| | Biloxi, MS 39 | 531 | | | |
| | | City/\$ | State and Zip Code | | |
| | ccaccountant@c | ableone.net | | | |
| | | E-mail address: (to be use | d for future annua | report no | tification) |
| ther infor | mation concernir | ng this matter, please call: | | | |
| Susan | Palisi | | 228 at (| 385-27 | 99 |
| | Name | of Contact Person | Area Code | Day | rtime Telephone Number |
| Divisio Registra P.O. Bo | ING ADDRESS n of Corporation ation Section ox 6327 ssee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section duilding ecutive Center Circle see, FL 32301 |
| | eck for the follow 5.00 Filing Fee | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filion | ng Fee & | \$160.00 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPHANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Mississippi (Junediction under the law of wi | | | | bihty Company," "L.IC," or "LI.C.") |
|---|--|---|---|---|
| | | 3 6- | 4-0946714 | |
| June 1, 2018 | rch foreign lumited hability company is (signifized) | | | her, if applicable) |
| | | | | |
| | (Date first transacted business in Florida, if p (See sections 605 0904 & 605,0905, F.S. to) | stor to registration) determine penalty light: | lity) | |
| 1903 Pass Road Ste D | | | 03 Pass Road Ste D | |
| (Street Address of Principal Office) Biloxi, MS 39531 | | | (Mailing Add | JEST) |
| DHOX1, MS 39331 | | <u> </u> | loxi, MS 39531 | |
| | | _ | ····· | |
| Vanu and street address | s of Florida registered agent: (P.O. | Dan MOT | | |
| | | DOX MOT BCC6 | :ptatric) | |
| Name: | InCorp Services, Inc | | | |
| Office Address: | 17888 67th Court North | | | |
| | Loxabatchee | | , Florida 33470 | |
| | (City) | | (Zip cod | <u></u> |
| signated in this applicate comply with the provision | gistered agent and to accept service ion, I hereby accept the appointme ons of all statutes relative to the pr of my position as registered agent | ent as registerea coper und compl t. | l agent and agree to act lete performance of my | in this capacity. I further duties, and I am fumiliar w |
| aving been named as requisions assignated in this applicate comply with the provision | ristered agent and to accept service ion, I hereby accept the appointments of all statutes relative to the proof my position as registered agent | ent as registerea coper und compl t. | l agent and agree to act | in this capacity. I further duties, and I am fumiliar w |
| aving been named as resistenced in this application of the comply with the provision accept the obligations. | ristered agent and to accept service ion, I hereby accept the appointme ons of all statutes relative to the pr of my position as registered agent (Registered a | ent as registered oper und compl t. tal Jauregui gent's signature) | d agent and agree to act lete performance of my on behalf of InCo | in this capacity. I further duties, and I am fumiliar w |
| aving been named as resignated in this applicated in this applicate comply with the provisional accept the obligations | ristered agent and to accept service ion, I hereby accept the appointments of all statutes relative to the proof my position as registered agent | ent as registered to per und complet. tal Jauregui (gent's signature) the has/have auth | d agent and agree to act lete performance of my on behalf of InCo | in this capacity. I further duties, and I am fumiliar w |
| aving been named as reg esignated in this applicate comply with the provision and accept the obligations. The name, title or capa | ristered agent and to accept service ion, I hereby accept the appointme ons of all statutes relative to the pr of my position as registered agent Crys (Registered a | ent as registered to per und complet. tal Jauregui (gent's signature) the has/have auth | on behalf of InCo | in this capacity. I further duties, and I am familiar was perp Services, Inc. |
| aving been named as registering to the comply with the provision of accept the obligations. The name, title or capa Title or Capacity: | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pr of my position as registered agent (Registered a city and address of the person(s) where and Address: Robert Wall 1903 Pass Rd Ste D | ent as registered to per und complet. tal Jauregui (gent's signature) the has/have auth | on behalf of InCo | in this capacity. I further duties, and I am familiar was perp Services, Inc. |
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Typed or printed name of squee



Delbert Hosemann Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

CAR WASHES OF AMERICA, LLC

Registered the 23rd day of October, 2001

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2355 B PASS ROAD, P O BOX 4682 BILOXI, MS 39531

And that the registered agent at that address is:

ROBERT T SCHWARTZ

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 4th day of April, 2018

Willet Noseman, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN18050534

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx