# MWW5655

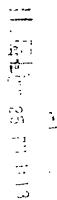
- (F	Requestor's Name)			
( <i>P</i>	Address)			
(A	Address)			
(6	Dity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL.		
(E	Business Entity Name)	<del> </del>		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer				
ĺ				

Office Use Only



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CCC 53 NOO

## Sunshine State Corporate Compliance Company

3458 Lakeshure Drive Tallahassce, Florida 32312 (850) 656-4724

DATE 6-24-2020		~*11/4/1/ F\/**
espervacia de El	CAR WASH PALI	** <i>WALK IN</i> ** METTO BAY HOLDINGS, LLC
ENTHY NAME_CC	CAN WAGIT FALI	WETTO BAT FIOLDINGS, LEG
DOCUMENT NUMB	HER	
	**PLEASE	FILE THE ATTACHED AND RETURN**
·	Plain Copy	
XX	Certified Copy	
	Certificate of c	Status
	**PLEASE OBTAIN	N THE FOLLOWING FOR THE ABOVE ENTITY**
·····	Cartified Copy	of Arts & Amendments
	Certified Copy	of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of s	
	Certificate of c	Status Reflecting:
	**APOSTIL	LE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTIL	VATTON	
NUMBER OF CERTIFI	CATES REQUESTED	
TOTAL OWED \$	155	ACCOUNT # 120140000108 / United Corporate Services, Inc.  * for any issues or concerns, Thank you so much.
Please call Tina as	t the above number	for any issues or concerns. Thank you so much!

#### COVER LETTER

TO:

Registration Section

Div	ision of Corporation	•				
SUBJECT:		LMETTO BAY HOLDINGS, I	.ILC			
		Name of Lim	ted Lability	Company	**************************************	•
		sign Limited Liability Company I to register the above reference				
Please return	i all correspondence e	oncerning this matter to the follo	owing:			
	DOLORES BU	RTON				
		Name	of Person			-
	UNITED CORE	PORATE SERVICES, INC.				
		Firm/0	Company			-
	100 STATE ST	REET, SUITE 800				
		Ac	ldress	··		-
	ALBANY, NY	12207				
		City/State	and Zip Code			•
	jlandau@	nationalexpresswash.c	om			
		E-mail address: (to be used for	future annua	report notifica	tion)	-
For further is	aformation concerning	this matter, please call:				
		Contact Person	( Area Code	_)	Telephone Number	-
	tautic of	Contact rerson	Atea Code	Daytime	Telephone Number	
MA	JUING ADDRESS:			STREET AD		
	ision of Corporations			Division of Co		
-	istration Section			Registration S		
	. Box 6327			Clifton Buildin	C.	
l all	lahassee, FL 32314			2661 Executiv Tallahassec, F	re Center Circle L 32301	
	losed is a check for these make check payable	e following amount: e to: FLORIDA DEPARTME	NT OF STA	TE		
	\$125.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	<b>⊠</b> , \$155.00	Filing Fee & ed Copy	S160.00 Filing of Status & Cer	

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "I imi	ted Liability Company."	"L L.C.," or "II	. <del>C''</del> 1		
li name mavadable, enter alterrate n	nune adopted for the purpose of transacting business in F	lorida. The alternate name nr	ist include "I innte	d Liability Cou	ηναην," "L	L.C," or "Ll.C."
Delaware 2.		3				
(Januda non under the law of which foreign limited liability company is org		·'· <u></u>	Œ	(l'El munber, il applicable)		
ŧ						
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter	o tegestuitot: ) mine penaky liability)				
5201 SW 8th Street		5201 SW 8th Street				
(Street Address of I	numpal Office)	6	(Mading	Aikhess)		
Coral Gables, FL 33134		Coral Gables, FL 33134				
	s of Florida registered agent. (P.O. Bo	x <u>NOT</u> acceptable)		بر.		
Name:	United Corporate Services, Inc.				ζ. 	
Office Address:	9200 South Dadeland Blvd., Suite 50				p.	1 1
	Miami		33156 orida	Eginalis Egipti Em	ÇÇ .≱* . ⊌	h was F
	(Crtv)			code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Mechael A Barr, President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Justin Landau Name: \_\_\_\_Geoffrey Karas Manager [...] ■ Manager Address: \_\_ 5201 SW 8th Street Address: 5201 SW 8th Street Member Member Coral Gables, FL 33434 Coral Gables, FL 33134 Authorized Authorized Person Person Other\_ Other Other Other Name: \_\_\_\_\_ Manager Manager | Name: \_\_\_\_\_ Address: Member | Address: []Authorized Authorized Person Person ☐Other Other\_\_\_\_ ∐Other\_\_ Other Manager Name: \_\_\_\_\_ Name: ■ Manager ☐Member Address: Member Address; \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other\_ Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. e of an authorized person

Justin

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EL CAR WASH PALMETTO BAY HOLDINGS,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

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

THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH

PALMETTO BAY HOLDINGS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF

JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203166504

Date: 06-24-20

3080486 8300 SR# 20205877588