

M21000015208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

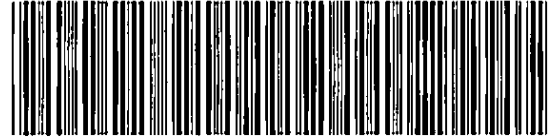
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600376292396

APPROVED
AND
FILED

2021 NOV 10 PM 4:45

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2021 NOV 10 PM 3:22

TALLAHASSEE, FLORIDA

NOV 15 2021
K. Brumbley

Walt - Pen
146104

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/10/21

****WALK IN****

ENTITY NAME EL CAR WASH WWW LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 155

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. El Car Wash WWW, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5201 SW 8th Street (Street Address of Principal Office)
6. 5201 SW 8th Street (Mailing Address)
Coral Gables, FL 33134 Coral Gables, FL 33134

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

Name: United Corporate Services, Inc.
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

2021 NOV 10 PM 4:45
SECRETARY OF STATE
FILED
APPROVED AND FILED

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.

Michael A. Barr
(Registered agent's signature)

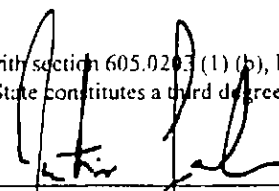
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<p><u>Title or Capacity:</u></p> <p><input type="checkbox"/> Manager</p> <p><input checked="" type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p><u>Name and Address:</u></p> <p>Name: <u>Justin Landau</u></p> <p>Address: <u>5201 SW 8th Street</u></p> <p><u>Coral Gables, FL 33134</u></p>	<p><u>Title or Capacity:</u></p> <p><input type="checkbox"/> Manager</p> <p><input checked="" type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p><u>Name and Address:</u></p> <p>Name: <u>Geoffrey Karas</u></p> <p>Address: <u>5201 SW 8th Street</u></p> <p><u>Coral Gables, FL 33134</u></p>
<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Address: _____</p>	<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Address: _____</p>
<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Address: _____</p>	<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Address: _____</p>

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.

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.



Signature of an authorized person
 Justin Landau

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EL CAR WASH WWW, 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 NINETEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH WWW, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2021.

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



6252116 8300

SR# 20213556570

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204454627

Date: 10-19-21