## Ma1000/7a47

(Requestor's Name)					
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME EL CA	AR WASH W DELRAY, LL	** <i>WALK IN</i> **
DOCUMENT NUMBER		
	**PLEASE FILE THE A	TTACHED AND RETURN**
XXXX	Plain Copy Certified Copy Certificate of Statas	
	Certified Copy of Arts & A	Amendments Complete File (Including Annual Reports)
	**APOSTILLE' / NOT	TARIAL CERTIFICATION**
COUNTRY OF DESTINA. NUMBER OF CERTIFICA		
TOTAL OWED \$	7	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc.  1884es or concerns, Thank you so much!
Please call Tina at t	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:

I. EL CAR WASH W DE						
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability	Company." "L L.C	i. or "LLC.")		
If earne unavailable, enter atternate n	ame adopted for the purpose of transacting business in Flo	orida The alte	emate name must inclu	ide "Limited Liabili	ty Company," "L. L. C," or "L. C."	
Delaware		,				
2. (Jurisdiction under the law of which foreign limited hability company is organized)			(FE1 numer, if applicable)			
4						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration une penalty h	ability)			
5201 SW 8th Street 5.				(Mailing Address)		
(Street Address of F	rincipal Office)	٠		(Mailing Address	1)	
Coral Gables, FL 33134		_	Coral Gables, FL 33134			
	17 <del>1/171   17   1</del>	_			<del></del>	
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	c <u>NOT</u> ac	eceptable)			
Name:	United Corporate Services, Inc.				LED LED	
Office Address:	3458 Lakeshore Drive				1.9 =	
	Tallahassee		, Florida			
	(Ciry)			(Zip 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.

Muchael A Darr

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:					
☐Manager	Name: Justin Landau	Manager	Name: Geoffrey Karas					
■Member	Address: 5201 SW 8th Street	■ Member	Address: 5201 SW 8th Street					
Authorized	Coral Gables, FL 33134	Authorized	Coral Gables, FL 33134					
Person		Person						
Other	Other	Other	Other					
[ ] Lunnar	Manne		No.					
Manager	Name:	☐ Manager	Name:					
☐Member	Address:	Member	Address:					
Authorized		Authorized						
Person		Person						
Other	Other	Other	Other					
Manager	Name:	Manager	Name:					
 ☐Member	Address:	☐ Member	Address:					
Authorized		☐ Authorized						
Person		Person						
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.  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 605.020.1 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a tyrid degree felony as provided for in s.817.155, F.S.  Signature of an authorized person  Justin Landau								
Typed or printed name of signee								

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EL CAR WASH W DELRAY, 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH W
DELRAY, LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 205012512

Date: 12-17-21

6464035 8300 SR# 20214134133