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

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Sunshine State Corporate Compliance Company

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

DATE 12/22/21	-		**WALK IN**
ENTITY NAME_EL CAR	R WASH LAKE WORTH, LI	_C	
DOCUMENT NUMBER_			
	PLEASE FILE THE ATT	TACHED AND RETURN	
XXXX	Plain Copy Certified Copy		
	Certificate of Status		
**	PLEASE OBTAIN THE FOLLOW	UNG FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amen		
		ndments Complete File (Including Annual Report	ts)
	Certificate of Status Certificate of Status Reflecting	·	
	APOSTILLE' / NOTAI	RIAL CERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT			-
TOTAL OWED \$ 5		ACCOUNT # 120140000108 United Corporate Services, Inc. sues or concerns, Thank you so m	Lepport
Please call Tina at th	e above number for any iss	sues or concerns. Thank you so m	uch!

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

EL CAR WASH LAKI					
(Name of Foreign	Limited Liability Company, must include "Limit	ed Liability Company,	' "E. L. C.," or "LL.C.")		
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	onda The alternate name i	nust include "Emuted Liability Comp	pany," "L.L.C," or "ELC ")	
Delaware		2			
(Jurnsdection under the law of which foreign limited liability company is organized)		3	3(FET number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration)			
5201 SW 8th Street		5201 SW	8th Street		
. (Street Address of I	Pincipal Office)	6	(Mailing Address)		
Coral Gables, FL 3313	4	Coral Ga	bles. FL 33134	,,_,	
				15. CE	
				2021 DEC	
. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	- E	
				22	
	United Corporate Services, Inc.				
Name:				F [0]	
	3458 Lakeshore Drive			: 09	
Office Address:				\$50 W	
	Tallahassee	r	32312		
	(C:t ₃)	, r	lorida(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.

(Registered agent's vignature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Justin Landau Name: Geoffrey Karas Manager Manager 5201 SW 8th Street Address: 5201 SW 8th Street ■ Member **■**Member Coral Gables, FL 33134 Coral Gables, FL 33134 Authorized Authorized Person Person Other____ Other Other_ Other___ Manager | Manager Member Address: Member Authorized Authorized Person Person Other_ Other Other Other Name: _____ Manager Name: _____ Manager Address: _____ Member Address: Member 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. 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 dyrd derce felony as provided for in \$.817.155, F.S. Signature of an authorized person Justin andau

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "EL CAR WASH LAKE WORTH, 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-SECOND DAY OF DECEMBER, A.D. 2021.

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

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

2021 DEC 22 PH 2: 10

at corp. delaware, gov/aut

Authentication: 205055508

Date: 12-22-21