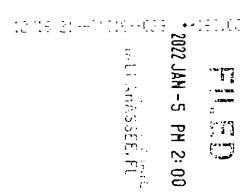
# WA22000000156

(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(0	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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#### COVER LETTER

TO:

	200 100 100 100 1100				
JBJI	2 Dudes Auto Detailing LLC ECT:			_	
	Name	e of Limited Liability Company			
ne en kister	closed "Application by Foreign Limited Liability ( nce, and check are submitted to register the above	Company for Authorization to Transact Business referenced foreign limited liability company to tr	in Florida ansact bus	ı," Cert siness i	ificate o n Florida
ease	return all correspondence concerning this matter to	o the following:			
	Debbie Lopez				
		Name of Person		_	
		Firm/Company		_	
	8536 Queen Brooks Ct.				
		Address			
	Temple Terrace, FL 33637		1.1	2022 JAH	res est
		Tity/State and Zip Code		 	3 14 2 2 3000 - 1000
	2DudesAutoDetailing@gmail.com		All As	ည	# برواد الد. رواوت - ك. •
	E-mail address; (to b	e used for future annual report notification)	on o	- <del>P</del>	) : d ===================================
or fu	rther information concerning this matter, please ca	all:	, T.	2: 00	14.53
		at ()		_	
	Name of Contact Person	Area Code Daytime Telephon	e Number		
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
	Division of Corporations  Division of Corporations				
	P.O. Box 6327 The Centre of Tallahass				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount:				
	Please make check payable to: FLORIDA DE	PARTMENT OF STATE			

## 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,	LLC  Limited Liability Company, must include "Limited		9 0 1 2 2 5 W 1 1 2 W .		
(Name of Foreign )	Limited Liability Company, must include "Limited	Liability Compa	ny, I.,I.,C., or "LUC.")		
ill'name unavailable, enter alternate π	ame adopted for the purpose of transacting business in I le	orida. The asternate	name must include "Limited Liabili	ay Company," "L.L.C	(" ') I,I" to ";
State of Wyoming 2.	nich foreign limited liability company is organized)	3	(FEI number)	Capple the	
Difficultion finder the law of wi	itea reseign named naemity company is regarized.		TO MINICOLD		
4	(Date first transacted business in Florida, if prior to 1 (See sections 605 0903 & 605 0905, F.S. to determin	egistration ) ne penalty liability)			
8536 Queen Brooks Ct		8536	Queen Brooks Ct.	2022 J	, শুগার ১
5. (Street Address of Principal Office)		13	dailing Address)	<u></u>	
Temple Terrace, FL 33637		Temple Terrace, FL 33637			7 (
				SEC.	ا الله الله
				7.2	· 
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT accepta	able)	,	
Name:	A.R. Marvin				
Office Address:	9417 Forest Hills Dr.				
	Tampa		33612 , Florida		
	(City)		(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 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]:

Title or Capacity:	Name and Address:	Title or Capacity:		
■Manager	Name:	□Manager	Name: A.R. Marvin	
[]Member	Address:	□Member	Address:	
□Authorized	Temple Terrace, FL 33637	■Authorized	Tampa, FL 33612	
Person		Person		
■Other N G	<b>□</b> Other	□Other	Other	
□Manager	Name:	∏Munager	Name:	
□Member	Address:	□Member	Address: 2 2 oven	
□Authorized		□Authorized		
Person		Person		
[]Other	[]Other	[]Other		
□Manager	Name:	⊞Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
[]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 605.0203 (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.

Debbie Lopez

Typed or printed name of stynee

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### 2 Dudes Auto Detailing LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 11, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001059785**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of December, 2021 at 9:54 AM. This certificate is assigned ID Number 048864441.



Secretary of State SHASSE

Notice. A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.