(F	Requestor's Name)	
	Address)	<del></del>
()	Address)	
<del></del>	Dity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(-	Sauthous Ethicy Harriey	
(1	Document Number)	
Certified Copies	Certificates of	f Status
		<del>,                                    </del>
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Special Instructions to f	Filing Officer:	
}		

Office Use Only



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## Sunshine State Corporate Compliance Company

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

DATE <u>2/18/2022</u>	_	**WALK IN**
ENTITY NAME		EL CAR WASH MELBOURNE WEST, LLC
DOCUMENT NUMBER	<b>\</b>	
	**PLEASE FILE T	THE ATTACHED AND RETURN**
	Plain Copy Certified Copy Certificate of Statas	
	Certified Copy of Arti	FOLLOWING FOR THE ABOVE ENTITY**  is & Amendments  is & Amendments Complete File (Inclading Annual Reports)
	· · · · · · · · · · · · · · · · · · ·	Reflecting:
	**APOSTILLE'/	NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA NUMBER OF CERTIFICA		
TOTAL OWED \$	25.00	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc.  any issues or concerns. Thank you so much!
Please call Tina at i	the above number for	any issues or concerns. Thank you so much!

## **COVER LETTER**

Registration Section Division of Corporations

TØ:

SUBJECT	EL CAR WASH MELBOURNE WES	ST, LLC				
	Name	of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida,				
Please retu	rn all correspondence concerning this matter to	the following:				
		Amy Allen				
		Name of Person				
	Ĺ	United Corporate Services				
	Firm/Company					
		100 State Street				
	Address					
		Albany, NY 12207				
	Ci	ty/State and Zip Code				
	david.k	cravitz@kattenlaw.com				
	E-mail address: (to be	used for future annual report notification)				
For further	information concerning this matter, please call	l:				
_	Name of Contact Person	at () Area Code Daytime Telephone Number				
<u>M</u>	ailing Address:	Street Address:				
Registration Section		Registration Section				
D	ivision of Corporations	Division of Corporations				
Ρ.	O. Box 6327	The Centre of Tallahassee				
T	allahassee, FL 32314	2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				
	nclosed is a check for the following amount:	ADTMENT OF CTATE				
	ease make check payable to: <b>FLORIDA DEP</b> 2 \$125.00 Filing Fee					
(4)	Certificate of	_				

## 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:

If name unavailable, enter alternate n	name adopted for the purpose of transacting business	in Florida. The alt	ternate name must inclu	de "Limited Liability (	ompany. L.	L.C," or "	LLC.")
Delaware 2.		2					
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	_ 3.		(Fl;I number, if:	applicable)		_
1	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	or to registration etermine negative	) iability)		_		
5201 SW 8th Street			5201 SW 8th S	trect			
	Principal Office)		_				_
Coral Gables, FL 3313	4		Coral Gables, F	L 33134			
		-					_
					三组	2022	
		-			200	FEB	_
7. Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> a	cceptable)			8	
	United Corporate Services, Inc.					PX	[명명]
Name:	Ontied Corporate Services, tile.				£2.	5:	Ċ
0.27	3458 Lakeshore Drive					8 1	
Office Address:							
	Tallahassee		, Florida	32312	_		
	(City)		<del></del>	(Zip code)	_		

/s/Michael A Barr, President

(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:	Name and Address:
Manager	Name:	☐ 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
□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
9. Attached is a cert jurisdiction under th of the translator mus 10. This document is	s executed in accordance with section 605.0203 nent to the Department of State conditutes a thir	rida Department of State only authenticated by the clis in a foreign language,  (1) (b), Florida Statutes, and degree felony as provided an authorized person	Annual Report form.  official having custody of records in the a translation of the certificate under oath.  I am aware that any false information.



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

DELAWARE, DO HEREBY CERTIFY "EL CAR WASH MELBOURNE WEST, 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH
MELBOURNE WEST, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY,
A.D. 2022.

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



Authentication: 202699121

Date: 02-18-22