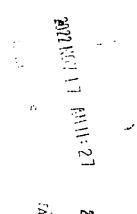
# M22000017412

(R	Requestor's Name)	
(A	Address)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Fertified Copies Certificates of Status  Special Instructions to Filing Officer:		
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(□	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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RECEIVED

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S. ROBERTS NOV 1 7 2022

## Sunshine State Corporate Compliance Company

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

DATE 11/17/22	**WALK IN**
ENTITY NAME_EL CAR WASH WPB, LLC	<u> </u>
DOCUMENT NUMBER	
**PLEASE FILE	THE ATTACHED AND RETURN**
Plaix Copy	
Certified Copy  Certificate of States	
**PLEASE OBTAIN TH	E FOLLOWING FOR THE ABOVE ENTITY**
Certified Copy of A	ris & Amendments
Certified Copy of A	rts & Amendments Complete File (Including Annual Reports)
Certificate of Status	
Certificate of Status	s Reflecting:
**APOSTILLE",	/ NOTARIAL CERTIFICATION**
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
total oweds $155\omega$	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc.  Thank you so much.
Please call Tina at the above number fo	r any issues or concerns. Thank you so much!

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: _	EL CAR WASH WPB, LLC		
	Name o	Limited Liability Company	
	Application by Foreign Limited Liability Cor check are submitted to register the above refe		
Please return a	Il correspondence concerning this matter to the	e following:	
	DOLORES BURTON		
		Name of Person	
	United Corporate Services,	Inc.	
		Firm/Company	
	100 State Street, Suite 800		
	·	Address	<del></del>
	ALBANY NY 12207		
	City	State and Zip Code	
	david.kravitz@katten.com		
	E-mail address: (to be us	ed for future annual report notific	eation)
For further info	ormation concerning this matter, please call:		
		at ()	
	Name of Contact Person	at () Area Code Daytim	e Telephone Number
	ng Address: stration Section	Street Address: Registration Section	
_	Division of Corporations Division of Corporations		
P.O.	Box 6327	The Centre of Tallahassee	
Talla	ahassee, FL 32314	2415 N. Monroe Street, S Tallahassee, FL 32303	uite 810
Pleas	osed is a check for the following amount: e make check payable to: FLORIDA DEPAR 25.00 Filing Fee Scrificate of S	🐼 \$155.00 Filing Fee &	(1) \$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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:

ame unavailable, enter alternate n	same adopted for the purpose of transacting business in F	lorids. The altern	nate name must include "Limited Liability Con	npany," "L.L.(	or LLC
Delaware		3.			
(Jurisdiction under the law of w.	hich foreign limited liability company is organized)	J	(FEI number, if app	licable)	•
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter	to registration.) mine penalty liab	plity)		
5201 SW 8th Street (Street Address of Principal Office)			201 SW 8th Street		
(Street Address of	Principal Office)	0	(Mailing Address)		<del></del>
Coral Gables, FL 3313	34	С	oral Gables, FL 33134		
·	<del> </del>			<del>-</del>	2022
		_			- 67
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acc	ceptable)		17
Name:	United Corporate Services, Inc.			-	2022 107 17 1411:2
Office Address:	3458 Lakeshore Drive				: 27
	Tallahassee		32312 , Florida		
	(City)				

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: Name: Justin Landau Name: \_\_\_ Geoffrey Karas Manager Manager Address: \_\_\_\_ 5201 SW 8th Street 5201 SW 8th Street Address: ■Member ■ Member Coral Gables, FL 33134 Coral Gables, FL 33134 Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other Other Manager Manager Name: Name: Member Member Address: Address: Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other\_ Other\_\_\_\_\_ Manager Manager Name: \_\_\_\_ Address: Address: Member 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 conditiones a part of degree felony as provided for in s.817.155, F.S. Signature of an authorized person Justin' andau

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EL CAR WASH WPB, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH WPB, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

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

Authentication: 204873675

Date: 11-16-22

7137828 8300 SR# 20224036115