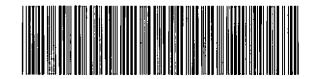
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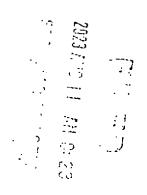
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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W23-L8549



May 11, 2023

JAKE J. FALLUCCA, ESQ. 4502 WEEPING WILLOW CIRCLE CASSELBERRY, FL 32707 US

SUBJECT: MOBILE DETAILING USA, LLC

Ref. Number: W23000068549

We have received your document for MOBILE DETAILING USA, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 523A00010760

Ariel Jones Regularoty Specialist II

www.sunbiz.org

COVER LETTER

1000

TO:	Registration Section Division of Corporations		
CUD I	Mobile Detailing USA, LLC		
SORI	ECT:N	lame of Limited Liability Company	
		lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concerning this matt	ter to the following:	
	Jake J. Fallucca, Esq.		
		Name of Person	
	Jake J. Fallucca, P.A.		
		Firm/Company	
	4502 Weeping Willow Circle		
		Address	
	Casselberry, Florida 32707		
		City/State and Zip Code	
	jfallucca@jjfpa.com		
	E-mail address: (t	to be used for future annual report notification)	
For fu	orther information concerning this matter, please	e call:	
	Jake J. Fallucca. Esq.	407 913-0300 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	Enclosed is a check for the following amoun		
	Please make check payable to: FLORIDA I ☐ \$125.00 Filing Fee ☐ \$130.00 Filing		
		ate of Status Certified Copy of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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. Mobile Detailing USA.	. LLC Limited Liability Company; must include "Lim						
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company," "L.L.	.C.," or "ELC,")				
(It name unavailable, enter alternate :	name adopted for the purpose of transacting business u	Florida. The alternate name must	include "Limited Li	iability Company," "L.I	C," or "LLC."		
State of Delaware 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. 92-3354922	(FEI numb	oer, if applicable)			
N/A 4.							
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration) rmine penalty liability)					
307 Cranes Roost Blvd 5. (Street Address of Principal Office)		6. (Mailing Add	oost Blvd, Ste	1038			
Altamonte Springs, Florida 32701		Altamonte Sp.	Altamonte Springs, Florida 32701				
7. Normand street a likewit	er of Charille registered agents (P. () P.	ov NOT guarantuhla)	-	~ 20			
Name:	is of Florida registered agent: (P.O. B Jake J. Fallucca, Esq.	ox NOT acceptable)		1023 ATS 1	1 may 2 mg 2 m		
Office Address:	4502 Weeping Willow Circle			770	~;; ^^j		
	Casselberry	, Florid	32707 la(Zip code)	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 1		
	(cui)		(varp 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:		Name and Address:
■Manager	Name:	□Manager	Name:	
□Member	Address: 307 Cranes Roost Blvd	□Member	Address:	
□Authorized	Altamonte Springs, Florida 32701	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	<u> </u>	□ 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 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felopy as provided for in s.817.155, F.S.

Signature of an authorized person

John Christian Carta, Managing Member



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

DELAWARE, DO HEREBY CERTIFY "MOBILE DETAILING USA, 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 FOURTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOBILE DETAILING USA, LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2023.

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



Authentication: 203898072

Date: 08-04-23