M23000011378

| | (Requestor's Name) | ····- |
|-------------------------|--------------------------|--------|
| | | |
| | (Address) | |
| | / A d d | |
| | (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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Office Use Only



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OF LINASSEE FLORIDA

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Sunshine State Corporate Compliance Company

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

| PATE 9/1/2023 **WALK IN** | | | |
|---------------------------|-----------------------|--|--|
| ENTITY NAME EI Ca | r Wash UEX Naples | s, LLC | |
| DOCUMENT NUMBE | R | | |
| | **PLEASE FILE | THE ATTACHED AND RETURN** | |
| | Plain Copy | | |
| XXXXXXX | Certified Copy | | |
| | Certificate of Status | | |
| | **PLEASE OBTAIN TH | 'E FOLLOWING FOR THE ABOVE ENTITY** | |
| | Certified Copy of A | rts & Amendments | |
| | Certified Copy of A | rts & Amendments Complete File (Inclading Annual Reports) | |
| | Certificate of Status | e e | |
| | Certificate of Status | s Reflecting; | |
| | **APOSTILLE" | / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINA | ATION | | |
| NUMBER OF CERTIFIC | PATES REQUESTED | | |
| TOTAL OWED \$ 155 | | ACCOUNT # 120140000108 (UTA) 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

TO:

| FO: Registration Section Division of Corporations | | |
|--|--|--|
| El Car Wash UEX Naples, LLC | | |
| | Name of Limited Liability Company | |
| | Liability Company for Authorization to Transact Business in Florida." Certificate of above referenced foreign limited liability company to transact business in Florida. | |
| Please return all correspondence concerning this | matter to the following: | |
| Amy Allen | | |
| | Name of Person | |
| United Corporate Services, Inc | c. | |
| | Firm/Company | |
| 80 State Street, Suite 1101 | | |
| | Address | |
| Albany, NY 12207 | | |
| | City/State and Zip Code | |
| david.kravitz@katten.com | | |
| E-mail addre | ss: (to be used for future annual report notification) | |
| For further information concerning this matter, p | please call: | |
| | at () | |
| Name of Contact Person | | |
| Mailing Address: Registration Section | Street Address: Registration Section | |
| Division of Corporations | 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 ar Please make check payable to: FLORII \$125.00 Filing Fee \$130.00 F | DA DEPARTMENT OF STATE | |

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. El Car Wash UEX Na (Name of Foreign | ples, LLC Limited Liability Company; must include "Limit | ed Liability Company, | " "L.L.C.," or "LLC.") | |
|--|--|---|---------------------------------|----------------------------------|
| (If name unavailable, enter alternate i | turne adopted for the purpose of transacting business in Fl | orida. The alternate name | must include "Limited Liability | y Company," "L.L.C," or "LL.C.") |
| Delaware 2. Uurshiction under the law of w | hich foreign limited liability company is organized) | 3 | (FEI number, i | (familicable) |
| | | | (1.1 (1.2) | , |
| 4 | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ | registration) nine penalty liability) | | <u> </u> |
| 5201 SW 8th Street | nneipal ()tlice) | 5201 SW | 8th Street (Mailing Address) | |
| | | | | 1 |
| Coral Gables, FL 3313 | ^ | Coral Ga | bles, FL 33134 | <u> </u> |
| | | | | 23 SE ECRE |
| . Name and street addres | ss of Florida registered agent: (P.O. Box | x <u>NOT</u> acceptable | ·) | TARY OF AHASS |
| Name: | United Corporate Services, Inc. | | | PH 3: 40 SSEE, FL |
| Office Address: | 3458 Lakeshore Drive | | | m — |
| | Tallahassee | Į. | 32312 Torida | |
| | (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.

| Michael A Barr | |
|--------------------------------|--|
| (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: Name: Justin Landau | Title or Capacity: | Name and Address: Name: |
|---|---------------------------------------|--------------------|-----------------------------|
| 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 |
| 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. Signific of an authorized person Justin Landau Typed or printed name of signee | | | |



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

DELAWARE, DO HEREBY CERTIFY "EL CAR WASH UEX NAPLES, 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 FIRST DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH UEX NAPLES, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

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

Authentication: 204082096

Date: 09-01-23

7652630 8300 SR# 20233400734