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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Sunshine State Corporate Compliance Company

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

DATE 12/19/2023		**WALK IN*
ENTITY NAME EI Car V	/ash Boggy Creek, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE AT	TACHED AND RETURN
	Plain Copy	
XXXXXXXX	Certified Copy	
	Certificate of Status	
7	PLEASE OBTAIN THE FOLLOW	JING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Ame	ndments
	Certified Copy of Arts & Ame	ndments Complete File (Including Annual Reports)
	Certificate of Status	
	Certificate of Status Reflecting	<i>y</i> :
	APOSTILLE' / NOTA	RIAL CERTIFICATION
COUNTRY OF DESTINATION	DN	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$ 155		ACCOUNT # 120140000108 Will Hammer Corporate Services, Inc. Sues or concerns. Thank you so much!
Please call Tina at the	e above number for any is	sues or concerns. Thank you so much!

COVER LETTER

	ew Filing Sectivision of Co			
SUBJECT	El Car Wa	sh Boggy Creek, LLC		
		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Organization and fee(s) are	e submitted for filing.	
Please retu	rn all corresp	ondence concerning this ma	itter to the following:	
	Amy Allen			
			Name of Person	
	United Corp	porate Services, Inc.		
			Firm/Company	
	80 State Stre	eet, Suite 1101		
			Address	
	Albany, NY	12207		
,	david kravitz	C @katten.com	ity/State and Zip Code	
_			for future annual report notificat	ion)
For further is	iformation co	oncerning this matter, please	call;	
		()	
	Nan		rea Code Daytime Telephon	
Enclosed is	a check for t	he following amount:		
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi	ng Address Tiling Section on of Corporations Jox 6327	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, Fl. 32303

Tallahassee, FL 32314

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:

(Name of Foreign Limite					
	LLC al Liability Company; must include "Limit	ed Liability	Company." "L.E.C.," or "LLC.")		
f name unavailable, enter alternate name add	ipted for the purpose of transacting business in Fl	lorida. The alic	mate name must include "Limited Liability Com	pany," "L.L.C," or "LLC	···)
Delaware		3.	(FR number, if appl		
(Jurisdiction under the law of which for	eigu limited fiability company is organized)		(FI3 number, if appl	reable)	
	Date first transacted business in Florida, if prior to	a manufactura t			
()	See sections 605.0904 & 605.0905, F.S. to deten	nine penalty in	ibility t		
5201 SW 8th Street			5201 SW 8th Street (Mailing Address)		
(Street Address of Principa	(Office)	_	(Mailing Address)		
Coral Gables, FL 33134		(Coral Gables, FL 33134		
	<u></u>	-		2023 1	
. Name and street address of I	Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	eceptable)	DEC	~, ~, _ ~
				19	
Vii Name:	ited Corporate Services, Inc.			丑	- ; ' ; :
345	8 Lakeshore Drive			6.	
Office Address:					
Tal	lahassee		32312 (Zip code)		
	(City)		(Zip code)		

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 5201 SW 8th Street 5201 SW 8th Street Coral Gables, FL 33134 □Member Address: Coral Gables, FL 33134___ □Member Address: □ Authorized ☐ Authorized Person Person □Other Other_Co-Chief Executive Officer □Other _____ Dother Co-Chief Executive Officer Name: David Yassky Geovanny Ortiz Name: ☐ Manager □ Manager 5201 SW 8th Street 5201 SW 8th Street []Member □ Member Address: Coral Gables, FL 33134 Address: Coral Gables, FL 33134 □ Authorized □ Authorized Person Person Somether Secretary
 Secretary □Other_____ **⊠**Other Treasurer □Other____ Name: Name: □Manager □Manager Address: ____ □Member □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. 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 constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Justin Landau

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 BOGGY CREEK, 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 NINETEENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH BOGGY CREEK, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 204856072

Date: 12-19-23