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K. Brumbley

Sunshine State Corporate Compliance Company

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

DATE <u>1/23/25</u>	_	**WALK IN**
ENTITY NAME_ELC	CAR WASH CASSELBE	RRY, LLC
DOCUMENT NUMBER	₹	
	PLEASE FILE THE	E ATTACHED AND RETURN
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	Certified Copy of Arts S Certificate of Status	& Amendments Complete File (Inclading Annual Reports)
		flecting;
	APOSTILLE' / N	OTARIAL CERTIFICATION
COUNTRY OF DESTINA	ATION	
NUMBER OF CERTIFICA	ATES REQUESTED	
TOTAL OWED \$	55	ACCOUNT # 120140000108 Little United Corporate Services, Inc. Ny issues or concerns, Thank you so much!
Please call Tina at	the above number for a	ny issues or concerns. Thank you so much!

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: El Car Wash Casselberry, LLC

if name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	da. The alternate name must i	nchide "Limited Liability	ry Company," "L.L.C," or	"LLC.")
Delaware ()urisdiction under the law of wh	hich foreign limited liability company is organized)	3	(FEI number,	if applicable}	
l	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	epstration.) e penalty bability)			
5201 SW 8th Street		5201 SW 8th	1 Street (Mailing Address	s)	
Coral Gables, FL 3313	. <u> </u>	Coral Gables	s, FL 33134		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		2025 JAH 2	
Name:	United Corporate Services, Inc.			F PK	JLED YANG
Office Address:	3458 Lakeshore Drive			12: 23	
	Tallahassee (Civ.)	, Flor	32312 ida(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.

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 and Address: Title or Capacity: Name: Geoffrey Karas Name: __ Justin Landau □Manager □ Manager 5201 SW 8th Street 5201 SW 8th Street Address: Coral Gables, FL 33134 □Member Address: Coral Gables, FL 33134 □Member □ Authorized □ Authorized Person Person Other Other_Co-Chief Executive Officer Other Co-Chief Executive Officer Other _____ Name: ____ David Yassky Geovanny Ortiz □Manager 5201 SW 8th Street 5201 SW 8th Street Address: Coral Gables, FL 33134 □ Member Address: Coral Gables, FL 33134 □Member □ Authorized □ Authorized Person Person Other Treasurer Other____ ☐Other_____ MOther Secretary Name: Name: _____ □ Manager □Manager Address: ______ ☐ Member Address: □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 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

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Delaware The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "EL CAR WASH CASSELBERRY, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH

CASSELBERRY, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY,

A.D. 2025.

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

Kristopher E. Knight: Acting Secretary of State
Authentication: 202752036

Date: 01-22-25