## 10

(Requestor's Name)
(Address)
(Address)
(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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K. Brumbley

## Sunshine State Corporate Compliance Company

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

DATE <u>1/23/2025</u>	<del>_</del>		**WALK IN**
ENTITY NAME_EL C	ar Wash Estero Bay, LLC	2	
DOCUMENT NUMBER	3		
,	**PLEASE FILE THE	ATTACHED AND RETURN**	
	Plain Capy		
	Certified Copy		
	Certificate of Status		
	**PLEASE OBTAIN THE FO	LOWING FOR THE ABOVE ENT	7/74**
	Certified Copy of Arts &	Amendments	
	Certified Copy of Arts &	Amendments Complete File (Incladin	g Annual Reports)
	Certificate of Status		
	Certificate of Status Refl	esting:	
	**APOSTILLE' / NO	TTARIAL CERTIFICATION*	•
COUNTRY OF DESTINA	TTON		
NUMBER OF CERTIFICA	ATES REQUESTED		<del> </del>
TOTAL OWED \$	5	ACCOUNT # 12014000 United Corporate Services, Inc.	0108 Keith Leppan
Please call Tina at	the above number for any	p issues or concerns. Tha	nk 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

N-1		AURTH THE WIGHTHER DRIES	ne must include "Limited Liabili	ny company, mesc, or n
elaware		3		
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)		
<u> </u>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) inc penalty liability)		. <u>-</u> -
5201 SW 8th Street		5201 S	W 8th Street	
(Street Address of Principal Office)		0	(Mailing Addres	z)
oral Gables, FL 3313	4	Coral (	Gables, FL 33134	
				20
ame and street addres	ss of Florida registered agent: (P.O. Bo)	NOT acceptal	ole)	25 JAN 2
Name:	United Corporate Services, Inc.			* PHI
Office Address:	3458 Lakeshore Drive			81.4.9 81.4.9
	Tallahassee		32312	
	(City)		(Zip code)	<del></del>

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): Name and Address: Title or Capacity: Name and Address: Title or Capacity: Justin Landau Name: \_ Geoffrey Karas\_ ☐Manager □ Manager 5201 SW 8th Street 5201 SW 8th Street Address: \_ \_ Coral Gables, FL 33134 Address: Coral Gables, FL 33134 □Member ☐ Member ☐ Authorized □ Authorized Person Person □Other Other Co-Chief Executive Officer Other Co-Chief Executive Officer Other \_\_\_\_\_ Geovanny Ortiz David Yassky Name: ☐ 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 MOther Treasurer Other\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Manager Manager □Member Address: 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

Page 1

## Delaware The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL CAR WASH ESTERO BAY, LLC" WAS FORMED ON THE TWENTY-THIRD 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: 202761757

Date: 01-23-25