

OCT-03-2011 MON 05:22 PM

Division of Corporations

P110000086900

P. 001

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000240186 3)))



H110002401863ABCK

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LOS DELFINES CAR WASH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALAHASSEE, FLORIDA

11 OCT -3 AM 11:46

SECRETARY OF STATE  
TALAHASSEE, FLORIDA

11 OCT -3 PM 4:50

RECEIVED

10/4

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I                      NAME**

The name of the corporation shall be:

**LOS DELFINES CAR WASH, INC.****ARTICLE II                      PRINCIPAL OFFICE**The principal street address and mailing address, if different is:707 MADEIRA AVE.  
CORAL GABLES, FL 33134**ARTICLE III                      PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS****ARTICLE IV                      SHARES**

The number of shares of stock is:

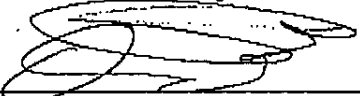
**SHARES: 100****ARTICLE V                      INITIAL OFFICERS AND/OR DIRECTORS**

List names(s), address(es) and specific title(s):

**ONEDY GONZALEZ (P/D)**  
707 MADEIRA AVE.  
CORAL GABLES, FL 33134**ARTICLE VI                      REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:**ONEDY GONZALEZ**  
707 MADEIRA AVE.  
CORAL GABLES, FL 33134**ARTICLE VII                      INCORPORATOR**The name and address of the Incorporator is:**ONEDY GONZALEZ**  
707 MADEIRA AVE.  
CORAL GABLES, FL 33134

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated, I am familiar with and accept the appointment as registered agent to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent10-3-11  
Date  
\_\_\_\_\_  
Signature/Incorporator10-3-11  
DateSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT -3 AM 11:46