## P14000000553

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|---------------------------|----------------|-------------|--|--|
| (Requestor's Name)        |                |             |  |  |
| (Address)                 |                |             |  |  |
| (Address)                 |                |             |  |  |
| (City/State/Zip/Phone #)  |                |             |  |  |
| PICK-UP                   |                | MAIL        |  |  |
| (Business Entity Name)    |                |             |  |  |
| (Document Number)         |                |             |  |  |
| Certified Copies          | Certificates   | s of Status |  |  |
| Special Instructions to F | iling Officer: |             |  |  |
|                           |                |             |  |  |
|                           |                |             |  |  |
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Office Use Only



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TALL AHASSEE FLORIN

W13-674A



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 10, 2013

ARISTIDES RODRIGUEZ 1800 NW 24 AVE SUITE 101 MIAMI, FL 33125

SUBJECT: THE ARI CAR WASH AND DETAILING INC

Ref. Number: W13000067402

We have received your document for THE ARI CAR WASH AND DETAILING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 713A00028045

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: The Ari Car Wash and Detailing, Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |  |                                     |  |
|--|--|-------------------------------------|--|
| Enclosed are an orig   | inal and one (1) copy of the ar              | ticles of incorporation and         | l a check for:   |
| \$70.00 Filing Fee   | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|  |  | ADDITIONAL CO                       | PY REQUIRED  |

Name (Printed or typed)

1800 NW 24 Ave Suite 101

Address

Miami, Fl 33125

City, State & Zip

305 - 834-6905

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: The Ari Car Wash and Detailing Inc |   |                   |                                       |  |
|---|---|-------------------|---------------------------------------|--|
|   | CIPAL OFFICE                                |                   |                                       |  |
| 1800 NIM 2/   | Principal street address                    | Mailing add       | dress, if different is:               |  |
| 1800 NW 24 ave  |   | Same              |                                       |  |
| suite 101   | 40E   | <del></del>       |                                       |  |
| Miami, FI 33  | 125   |                   |                                       |  |
| ARTICLE III PUR   | POSE ne corporation is organized is: The pu | irpose of the c   | orporation                            |  |
| is to engage  | or transact in any or a                     | all lawful activi | ties or                               |  |
|   | rmitted under the law                       |                   |                                       |  |
|   | Florida or another stat                     |                   |                                       |  |
|   | TIAL OFFICERS AND/OR DIRECTOR               |                   | 14 JAN -2<br>SECRETART<br>FALL AHASSE |  |
| Name and Title  | Aristides Rodriguez -                       | Name and Title:   |                                       |  |
| Address   | 1800 NW 24 AVe                              | Address:          | <u> </u>                              |  |
|   | Suite 101                                   |                   | <u> </u>                              |  |
|   | Miami FI 33125                              |                   |                                       |  |
| Name and Title  |   | Name and Title:   |                                       |  |
| Address   |   |                   |                                       |  |
|   |   |                   |                                       |  |
|   |   |                   |                                       |  |
|   | <del></del>                                 |                   |                                       |  |
| Name and Title  |   | Name and Title:   |                                       |  |
| Address   | ·   | Address:          |                                       |  |
|   |   |                   |                                       |  |
|   |   |                   |                                       |  |

| Name and                               | 1 Title:  | Name and Title:   |
|--|---|---|
| Address                                |   | Address:  |
| ARTICLE VI The name and Fl             | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o   | f the registered agent is:  |
| Name:                                  | Aristides Rodriguez   |   |
| Address:                               | 1800 NW 24 Ave # 101  | ·<br>-  |
|  | Miami, Fl 33125   | -   |
| ARTICLE VII                            | INCORPORATOR  |   |
| The name and ac                        | idress of the Incorporator is:  |   |
| Name:                                  | NOra Lafaurie   | -   |
| Address:                               | 14335 SW 120 Street   | <u>.</u>  |
|  | Miami, Fl 33186   | •   |
| Having been nan<br>this certificate, I | ned as registered agent to accept service of process<br>am familiar with and accept the appointment as re                             | s for the above stated corporation at the place designated in<br>gistered agent and agree to act in this capacity |
| Ral                                    | <del>Cou</del>  | 11/26/2013  |
|  | Required Signature/Registered Agent   | Date  |
|  | went and affirm that the facts stated herein are pepartment of State constitutes a third degree felon Required Signature/Incorporator | true. I am aware that the fulse information submitted in a sy as provided for in s.817.155, F.S.  13/26/13  Date  |
|  |   |   |