

**P/5000055337**

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

From: Account Name : CIKLIN LUBITZ MARTENS & O'CONNELL  
Account Number : 076376001447  
Phone : (561) 832-5900  
Fax Number : (561) 833-4209

**\*\*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**  
**Get Sudz, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*06/30/15*

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

06/29/2015 14:08

(FAX)

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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: Get Sudz, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5589 Okeechobee Boulevard, Suite 101

West Palm Beach, Florida 33417

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This Corporation is organized for the purpose of procuring car washing services and transacting any other lawful business pursuant to Chapter 607, Florida Statutes.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Wilson Enriquez, President/Treasurer

Address: 5589 Okeechobee Boulevard, Suite 101

West Palm Beach, Florida 33417

Name and Title: Shana Enriquez, VP/Secretary

Address: 5589 Okeechobee Boulevard, Suite 101

West Palm Beach, Florida 33417

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeffrey M. Garber

Address: 515 N. Flagler Drive, 20th Floor  
West Palm Beach, Florida 33401

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Gary Walk

Address: 515 N. Flagler Drive, 20th Floor  
West Palm Beach, Florida 33401

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

\_\_\_\_\_  
Required Signature/Registered Agent

June 29, 2015

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

June 29, 2015

Date

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