## P15000101284

(Requestor's Name)					
(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:					

Office Use Only



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NO. INTERPREDE TO ACKNOWLEDGE NO. INTERPREDE

DEC 28 AM 10:

RECEIVED

EFFECTIVE DATE

SECRETARY IN CONT.



DEC 2 8 2015

## **COVER LETTER**

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

SUBJECT:5	695 W FLAGLER (PROPOSED CORPORA	CAR WASH CO	)RP ude suffix)
Enclosed are an ori	ginal and one (1) copy of the art	cles of incorporation an	d a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	bulan a rath	ADDITIONAL CO	·
FROM:	ALVARO R. IRIA Name 5695 WEST FLAGU	,	
	MIAMI, FLORIDA 33		
_	(786) - 61 Daytime T	11 - 5176 elephone number	•
•	•		

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

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

I ALVARUA. IRIARTE HAWE NO INTENTIONS OF MEINTFINTANT
THE 5695 FLAGUER CAR WAH CORP. DOC # P14000082860
AND I REALBRE THE NAME

ALVARO R. IRIAPTE

DEC. 28. 2015

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

ARTICLE 1 NAME The name of the corpora	tion shall be: 5695 W	FLAGLER 1	T CAR	WASH CO	RP
	Principal street address	·		iling address, if o	
	T FLAGIER STREET	_			能
MIAMI, FL	33134				
ARTICLE III PURPO The purpose for which t	he corporation is organized is:	ANY AND	LANTUL	<u>Busines</u>	is the
INCLUDING B	n not limited to	A HAND C	AR WASH		Q.
ARTICLE IV SHAR. The number of shares of	ES 160			Ef	FECTIVE DATE
	AL OFFICESS <u>AND/OR DIREC</u>	TORS			
Name and Title	: ALVARO R. IRTARTE	PRESIDENTIAME	and Title:		
Address	5695 W FLAGUER ST	/ Addr	ess:	·	·
	MIAMI, FL 33134	<del></del>	_		
N 1777.1					<del></del>
Address			ess:		
Name and Title	:	Name	and Title:		
Address		Addr	ess:		

Name and T	itle:	Name and Title:	
Address		Address:	
	GISTERED AGENT da street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ALVARO R IRIARTE		
Address:	5695 W FLAGUER ST		
	MIAMI, FL 33134	· .'	
<u>ARTICLE VII INC</u>	CORPORATOR		·
The <u>name and addre</u>	ess of the Incorporator is:		
Name:	ALVARO R. IRIARIE		
Address:	5695 W FLAGUER ST		
	MIAMI FL 33134		
(If an effective date days after the filing	er than the date of filing: VI. 01. LOIL is listed, the date must be specific and cannot.)	t be more than five busines	ss days prior or 90 business
	erted in this block does not meet the applicable tive date on the Department of State's records.	statutory tiling requirements	s, this date will not be fisted as
	as registered agent to accept service of process familiar with and accept the appointment as reg		
	Required Signature/Registered Agent		12.28.2015 Date
submit this docum	Required Signature/Registered Agent ent and affirm that the facts stated herein are partition of State constitutes a third degree felon	true. I am aware that the for	alse information submitted in
•			12.28.2015
Required	Signature/Incorporator	<del></del>	Date