P16000031781

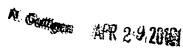
| (Red | questor's Name) | | | |
|---------------------------|-------------------|-------------|--|--|
| (Add | dress) | | | |
| (Add | dress) | | | |
| (City | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to F | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |





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04/25/16--01045--011 **78.75



COVER LETTER

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

| SUBJECT: Y | & D MOBILE CAR WASH | CORP | |
|-----------------------|--------------------------------------|-------------------------------------|---|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| | | | |
| Enclosed are an | original and one (1) copy of the art | icles of incorporation and | d a check for: |
| □ \$70.0 Filing Fe | | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | | e (Printed or typed) | |
| | | e (Printed or typed) | |
| | 9466 SW 5 LN | Address | |
| | MIAMI, FL. 33174 | | |
| | City, | State & Zip | |
| | 786.283.1110 | | |
| | Daytime T | elephone number | |
| - | yessica.arbelo@gmail.com | | |
| | E-mail address: (to be use | d for future annual report | notification) |

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



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

| TICLE II PRI | NUIPAL UFFICE | | |
|--|----------------------------------|--|-------------------------|
| | Principal street address | Mailing add | dress, if different is: |
| 66 SW 5 LN | | | |
| IAMI, FL. 33174 | 4 | | |
| TICLE III PUR | | | |
| | , | | 50 6 |
| | | | LC PR |
| | | ************************************** | R 25 |
| | | | ENO 7 |
| . ' | | | PHI2: 13 SEE FLORIDA |
| | | | - E - 3 |
| | | | ν |
| Name and Title | DEVIJE D. TODDES/ DI | | |
| | | RESIDENT and Title: | |
| Address | 9466 SW 5 LN | | |
| Address | | Address: | |
| | 9466 SW 5 LN MIAMI, FL. 33174 | Address: | |
| | 9466 SW 5 LN MIAMI, FL. 33174 | Address: Name and Title: | |
| Name and Title: | 9466 SW 5 LN MIAMI, FL. 33174 | Address: Name and Title: Address: | |
| Name and Title: | 9466 SW 5 LN MIAMI, FL. 33174 | Address: Name and Title: Address: | |
| Name and Title: Address | 9466 SW 5 LN MIAMI, FL. 33174 | Address: Name and Title: Address: | |
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| Name and Title: Address Name and Title: | 9466 SW 5 LN MIAMI, FL. 33174 | Address: Name and Title: Address: Name and Title: Address: | |
| Name and Title: Address Name and Title: | 9466 SW 5 LN MIAMI, FL. 33174 | Address: Name and Title: Address: Name and Title: Address: | |

| Name an | d Title: | Name and Title: | |
|--|--|--|-------------|
| Address | | Address: | |
| ARTICLE VI The name and F | REGISTERED AGENT lorida street address (P.O. Box NOT accep | able) of the registered agent is: | |
| Name: | DEYVIS R. TORRES | | |
| Address: | 9466 SW 5 LN | ALC SEC | |
| | MIAMI, FL. 33174 | PR 25 | arene 1 |
| ARTICLE VII | INCORPORATOR | PR 25 PH 12: 13 AHASSEE FLORIC | |
| The name and ac | ddress of the Incorporator is: | TATI ORIG | *** |
| Name: | DEYVIS R. TORRES | | |
| Address: | 9466 SW 5 LN | | |
| | MIAMI, F.C. 33174 | | |
| Having been nan this certificate, I | ned as registered agent to accept service of am familiar with and accept the appointmen | process for the above stated corporation at the place design to as registered agent and agree to act in this capacity | ated in |
| | | 04.18.2016 | |
| | Required Signature/Registered Ag | ent Date | |
| I submit this doc document to the | ument and affirm that the facts stated her Department of State constitutes a third degr | ein are true. I am aware that the false information submittee ee felony as provided for in s.817.155, F.S. | ed in a |
| | - | 04.18.2016 | |
| · · · · · · · · · · · · · · · · · · · | Required Signature/Incorporato | Date | |
| | -/ | | |