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Special Instructions to	Filing Officer:	





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COVER LETTER

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

SUBJECT: REDLA	ND CAR WASH, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	ricles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	ANUEL GONZALEZ	e (Printed or typed)	
132	69 SW 202 TERRACE		
	•	Address	
MIA	AMI, FL 33177		
<u></u>	City.	State & Zip	
305	299-1165		
	Daytime T	elephone number	
redl	andcarwash@yahoo.com		
	E-mail address: (to be use	d for future annual report i	notification)

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

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

A.V	<u>'CIPAL OFFICE</u>				
13269 SW 202 TERR	Principal street address	Mailing	Mailing address, if different is:		
MIAMI, FL 33177	ACL	-		· · · · · · · · · · · · · · · · · · ·	···
<u></u>					
		 			
ARTICLE III PURF The purpose for which	the corporation is organized is:	ND ALL LAWFUL BUSINE	SS		
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<u> KRIICLE V TAITI</u>	AL OFFICERS AND/OR DIRECTORS				
Name and Tit	AL OFFICERS AND/OR DIRECTORS le:	PRESI Name and Title:	IDENT		
	MANUEL CONTALEZ	Name and Title: PRESI	IDENT		
Name and Tit	le: MANUEL GONZALEZ 13269 SW 202 TERRACE				
Name and Tit	le: MANUEL GONZALEZ 13269 SW 202 TERRACE				
Name and Tit	le: MANUEL GONZALEZ 13269 SW 202 TERRACE MIAMI, FL 33177 ARISMEL FURONES SHAREZ	Address:			
Name and Tit Address Name and Title	MANUEL GONZALEZ 13269 SW 202 TERRACE MIAMI, FL 33177 e: ARISMEL FURONES SUAREZ 9601 SW 142 AVE APT#601	Address:	PRESIDENT		
Name and Tit	le: MANUEL GONZALEZ 13269 SW 202 TERRACE MIAMI, FL 33177 ARISMEL FURONES SUAREZ 9601 SW 142 AVE APT#601 MIAMI, FL 33186	Address: Name and Title: Address:			
Name and Tit Address Name and Title	le: MANUEL GONZALEZ 13269 SW 202 TERRACE MIAMI, FL 33177 ARISMEL FURONES SUAREZ 9601 SW 142 AVE APT#601	Address: Name and Title: Address:	PRESIDENT		ů.
Name and Tite Address Name and Title Address	le: MANUEL GONZALEZ 13269 SW 202 TERRACE MIAMI, FL 33177 ARISMEL FURONES SUAREZ 9601 SW 142 AVE APT#601 MIAMI, FL 33186	Address: Name and Title: Address:	PRESIDENT		
Name and Tite Address Name and Title Address	le: MANUEL GONZALEZ 13269 SW 202 TERRACE MIAMI, FL 33177 e: ARISMEL FURONES SUAREZ 9601 SW 142 AVE APT#601 MIAMI, FL 33186	Address: Name and Title: Address:	PRESIDENT		
Name and Tite Address Name and Title Address	le: MANUEL GONZALEZ 13269 SW 202 TERRACE MIAMI, FL 33177 ARISMEL FURONES SUAREZ 9601 SW 142 AVE APT#601 MIAMI, FL 33186	Address: Name and Title: Address: Name and Title:	PRESIDENT		
Name and Title Name and Title Address Name and Title	le: MANUEL GONZALEZ 13269 SW 202 TERRACE MIAMI, FL 33177 ARISMEL FURONES SUAREZ 9601 SW 142 AVE APT#601 MIAMI, FL 33186	Address: Name and Title: Address: Name and Title: Address:	PRESIDENT		

Name an	d Title:	Name and Title:	···
Address		Address:	
			
	REGISTERED AGENT		
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptab MANUEL GONZALEZ	le) of the registered agent is:	
Address:	13269 SW 202 TERRACE		
	MIAMI, FL 33177		AVIS 2017 RS
ARTICLE VII	INCORPORATOR		CORET
	ddress of the Incorporator is:		7. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
Name:	ARISMEL FURONES SUAREZ	_	P
Address:	9601 SW 142 AVE APT 601	· .	2 3
	MIAMI, FL 33186		<i>3,</i> .
Effective date, if	effective DATE: other than the date of filing:late is listed, the date must be specific and c	(OPTIONAL) annot be more than five days prior	or 90 days after the
	inserted in this block does not meet the applie ffective date on the Department of State's reco		is date will not be listed as
Having been nar this certificate, I	ned as registered agent to accept service of pr am familiar with and accept the appointment	ocess for the above stated corporations as registered ugent and agree to act in	on at the place designated in n this capacity
		<u> </u>	12-1-16
	Recupted Signature/Registered Agen cument and diffirm that the facts stated herein	are true. I am aware that the false	
document to the	Department of State constitutes a third degree	felony as provided for in s.817.155, l	
Requ	fred Signature/Incorporator		12-1-10 Date

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