1/27/2021



Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000037133 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059

Phone : (954)727-9771

Fax Number : (954)727-9773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

E41	Address:			
	AUGITESS:			

FLORIDA PROFIT/NON PROFIT CORPORATION DEL VALLE CAR WASH SERVICE CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

COVER LETTER

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

Tallahassee, FL 323	14		
SUBJECT: De	(PROPOSED CORPORA	TE NAME - MUST INCL.	INCE CHESTERIX
≥ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	10154 W Migmi, F/ 305 480	State & Zip Clephone number	5t
	toxes of consto	XCS · COM d for future annual report	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)

ARTICLE 1 NAME The name of the corporation shall be: Del Valle	Car Wash	Service Con
ARTICLE II PRINCIPAL OFFICE 10800 SW 84 ST White Fo Miami, FL 33173	10800 St Unit F	ddress, if different is: FL 33173
ARTICLE III PURPOSE The purpose for which the corporation is organized is: A	ny and all	lawful
ARTICLE IV SHARES The number of shares of stock is: 2,000		21 JAH 23 F
Name and Title: Join J. Castro Address Address Init Fo Miomi, FL	17 11	
Name and Title:Address	Name and Title:Address:	
Name and Title:Address	Address:	

Name and Title:	Name and Title:			
Address	Address:			
	•			
ARTICLE VI REGISTERED AGENT	Filha englotared agent is:			
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is.			
Name: Jairo J. Castro Valle) _			
Aldress 10800 SW BYST Unit	AFC.			
Addicss.	TI IO			
Miami, FL 33173	_			
ARTICLE VII INCORPORATOR				
AKTICLE VII TINCOLO OMITOR		<u>></u> -1	21	
The name and address of the Incorporator is:		1 = c	1 JAN 28	
Name: Alexis Lamadrid		1.	<u> </u>	•
Marie C	T		o t _m	· ~
Address: 10174 W T100188	<u>)</u>			
Minmi FT \$3774		 ·		٠.
1.1101111	-		f.	
		(2) (= (2) (= (4) (=	Ξ'	
ARTICLE VIII EFFECTIVE DATE:	(OPTIONAL)	_		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cann	ot be more than five days pri	or or 90 (days after the)
filing.)				
Note: If the date inserted in this block does not meet the applicable	a statutory filing requirements	this date	will not be list	tcd as
the document's effective date on the Department of State's records	e statutory ming requirements.	1110 0410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
the decument 5 crossive data as an a specific				
Having been named as registered agent to accept service of process	for the above stated corporation	at the pla	ace designated	in this
certificate, I am familiar with and accept the appointment as registe	ered agent and agree to act in th	is capacit	ov /	
Pi of A		ada	-/-0-	,
Jabro Lalv		0/12/	Dote	
Required Signature/Registered Agent				
I submit this document and affirm that the facts stated herein ar	e true. I am aware that the fal	se inform	tation submitt	ed in a
document to the Department of State constitutes a third degree felo	ny as provided for in \$81/.155,	r.a.	/ /	
<u> </u>		0//2	27/202	/
Required Signature/Incorporator	Date	e -/-		