

P21000039090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

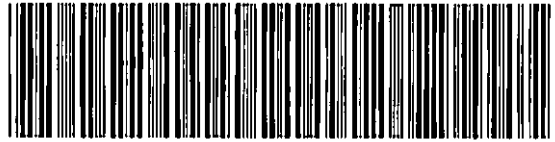
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/04/21--01030--006 \*\*87.50

2021 MAY 4 11:09

2021 MAY -4 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

11:15 AM

## COVER LETTER

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

SUBJECT: American Wash and Detail, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: LILIYA HERETSUN  
Name (Printed or typed)  
2565 SW Import Drive  
Address  
Port St. Lucie, FL 34987  
City, State & Zip  
(772)-207-6266  
Daytime Telephone number  
lilie.heretsun@gmail.com  
E-mail address: (to be used 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 I NAME

The name of the corporation shall be: American WASH and Detail, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1401 SE HUFFMAN ROAD

Port St. Lucie, FL 34952

Mailing address, if different is:

2565 SW Import Dr.

Port St. Lucie, FL 349

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To start a new business  
for Car Wash in Port St. Lucie, Florida

ARTICLE IV SHARES

The number of shares of stock is: 999

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christos T. Parliouas, President Name and Title: Ehsan Joadar, Vice Pres

Address: 2565 SW Import Dr. Address: 5427 Helen Circle  
Port Saint Lucie BOYNTON BEACH, FL  
FL 34987 33472

Name and Title: Liliya Heretsun, Treasurer Name and Title: Christos T. Parliouas, Secy

Address: 2565 SW Import Dr. Address: 2565 SW Import Driv  
Port St. Lucie Port St. Lucie  
FL 34987 FL 34987

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

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

FILED  
2021 MAY -4 AM 11:15  
SEC. OF STATE  
TALLAHASSEE, FL

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: Christos T. Parlionas  
Address: 2565 SW Import Dr.  
Port St. Lucie, FL 34987

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Liliya HERETSLEN  
Address: 2565 SW Import Dr.  
Port St. Lucie, FL 34987

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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 days prior or 90 days after the filing.)

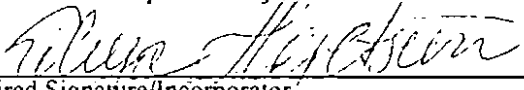
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/3/21  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

05/03/2021  
Date