348230000F5

(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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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>06/25/2024</u>	-	**12/43.57	FA7++
ENTITY NAMEVroom	Car Wash, Inc.	**WALK	
DOCUMENT NUMBER_		~	
	PLEASE FILE THE ATTACHED AND RETURN		
	Plaix Copy		
XXXXXXXX	Certified Copy		
	Certificate of Status	2024	
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	7024 JUN 25 M	
	Certified Copy of Arts & Amendments		
	Certified Copy of Arts & Amendments Complete File (Including Annual Repor	(i) =	
7	Certificate of Status	~)	
	Certificate of Status Reflecting:		_
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICATE			
TOTAL OWED \$ 78.75	ACCOUNT # 120140000108 United Corporate Services, Inc.	Heppar	
Please call Tina at the	above number for any issues or concerns. Thank was so me	ich II	

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

	NCIPAL OFFICE Principal street add		9051	Mailing address, Braphife	if different is:
CIFIII DUD	FL 339 POSE		•	·	34120
irpose for whic	h the corporation is or	rganized is:	lawful p	vchose	
					203
				· · · · · ·	
					-3. S
CLE IV SHA imber of shares	RES of stock is: 200	No Par			
CLE V INIT	IAL OFFICERS ANI		Name and Title	Personal	<i>L</i>
Name and Ti	ile: Nady M	· / * [A. [] [4] [4] [4]	Name and Title:	· Alaiae	
Name and Ti		aphite Crocle	Address:	- I XXII AL	1014
	9051 Gra		Address:		104
Address	9051 Gra Naples,	FL 34120	Address:		
Address	9051 Gra Naples, Ic: Nady M. 9051 Gra	FL 34120	Address: D Name and Title: Address:		
Address Name and Tis	9051 Gra Naples, Ic: Nady M. 9051 Gra	Aphite Crele FL 34120 Machide Circle FL 34120	Address: D Name and Title: Address:	Director	

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
		<u></u>	
			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	-fali	
Name:	Nady M. Maouad	or the registered agent is:	
Address:	9051 Graphite Circle		
	Naples, FL 34120	_	
ARTICLE VII	INCORPORATOR		2
The name and a	address of the Incorporator is:		2024 JUN 25
Name:	Nady M. Waouad 9051 Graphite Circle Naples, FL 34120	_	W 2
Address:	9051 Graphite Circle_	_	
	Naples, FL 34120	_	
ARTICI E VIII	EFFECTIVE DATE:		17
Effective date, i	f other than the date of filing:	(OPTIONAL	L)
(If an effective filing.)	date is listed, the date must be specific and cann	ot be more than five days	prior or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State's records		nts, this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of process j familiar with and accept the appointment as registe	for the above stated corporat red agent and agree to act in	tion at the place designated in this n this capacity
/s/ Nady I	M. Maouad		6-24-24
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the	false information submitted in a
Nady W		y no province jor in 5017il.	
Required Signat	ure/incorporator		Date June 24, 2024