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TO:

Registration Section Division of Corporations

LUXE SNACKS LLC

SU	nı	_	М.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Troy Schuller					
	N	ame of Person			<del></del>
<del></del>	F	irm/Company			
525 N. Ocean I	Blvd., Suite 525				
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		Address		<del></del>	_
Pompano Beac	h, FL 33062			2015 SEC	
<u> </u>	City/S	tate and Zip Code		SEP RETA	
troy@luxesnacks	s.com			28 SSE SSE	
-	E-mail address: (to be use	d for future annual	report notification	) F P	<u> </u>
her information concernin	g this matter, please call:			A IO: 0  DF STATE E. FLORID	
T . C.1 U		651	216-0412	) A -	
Troy Schuller		at (	./		
	of Contact Person	Area Code	Daytime Tel	lephone Number	•
Name of MAILING ADDRESS: Division of Corporations		Area Code	STREET ADDR Division of Corpo	ESS: prations	•
Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		Area Code	STREET ADDR Division of Corpo Registration Secti Clifton Building	ESS: prations ion	•
MAILING ADDRESS: Division of Corporations Registration Section		Area Code	STREET ADDR Division of Corpo Registration Secti	ESS: prations ion Center Circle	•
Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	i.	Area Code	STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C	ESS: prations ion Center Circle	•

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY INNESS IN THE STATE OF FLORIDA:

(Frame unweighble, enter alternate name altopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company". "LLC," or "LLC.")  2 Delaware  (Juradiction under the law of which foreign limited liability  (PEI number, if applicable)  (See sections 605,0904 & 603,0903, F.S. to determine penalty liability)  5. 325 N. Ocean Blvd., Suite 525  Pompano Beach, FL 33062  (Street Address of Frincipal Office)  6. 525 N. Ocean Blvd., Suite 525  Pompano Beach, FL 33062  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc.  Office Address:  3030 N. Rocky Point Dr. STE 150A  Tampa  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I farther agent to complyabilith the provisions of all statutes reliative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Troy Schuller, AMBR  525 N. Ocean Blvd., Suite 525  Pompano Beach, FL 33062  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted).							٠ه
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(Onto first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)  5. 525 N. Ocean Blvd., Suite 525  Portopano Beach, FL 33062  (Street Address of Principal Office)  6. 525 N. Ocean Blvd., Suite 525  Pompano Beach, FL 33062  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc.  Office Address:  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I bereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complyetis the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent.  Registered agent's aignature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Troy Schuller, AMBR  325 N. Ocean Blvd., Suite 525  Pompano Beach, FL 33062  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)				3. 47-5150090	)		
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(Street Address of Principal Office)  Pompano Beach, FL 33062  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Name: Registered Agents Inc. Street Address: 3030 N. Rocky Point Dr. STE 150A  Tampa  (City)  Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agent to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the abligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Troy Schuller, AMBR  325 N. Ocean Blvd., Suite 525  Pompano Beach, FL 33062  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the pursidiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  The street Address of Principal Address o	5. 525 N. Ocean Blvd., S	uite 525			<u></u>		
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Signature of an authorized person	designated in this applica- to complywith the provision accept the obligations of a  8. The name, title or capa Troy Schuller, AMBR  525 N. Ocean Blvd., Suite Pompano Beach, FL 3306  9. Attached is a certificate	acity and address of e 525  of existence, no mo	(Registore f the person(s) w	od agent's signature the has/have author	ority to manage is/are:	ing custody of records i	in the
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Typed or printed name of signee

**Troy Schuller** 

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LUXE SNACKS LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUXE SNACKS LLC"

WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10124114

Date: 09-24-15