

Office Use Only



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05/28/14--01012--007 \*\*122.50



### BeneTrends, Inc.

FROM: Deborah Rappaport Tel. 267-498-0090

Florida Department of State:

Enclosed please find the completed forms to file:

Certificate of Conversion/Articles of Incorporation:

BB's Ice Cream Delites, LLC

Please return the extra filed copy to my attention in the enclosed Federal Express envelope.

If you require additional information, please call me toll free @ 267-498-0090.

Thank you & have a Great Day, Deborah Rappaport May 27, 2014

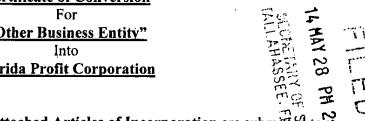
### **COVER LETTER**

| Division of C                       |  |  |  |
|-------------------------------------|--|--|--|
| SUBJECT: BB's                       | s Ice Cream [                                  | Delites, Inc.                              |  |
| SUBJECT                             |  | ng Florida Profit Corpor                   | ation  |
|                                     |  |  | on, and fees are submitted to oration" in accordance with                |
| Please return all corr              | espondence concernin                           | g this matter to:                          |  |
| Deborah Ra                          | ppaport  |  |  |
|                                     | Contact Person                                 |  |  |
| Benetrends                          | Inc.   |  |  |
|                                     | Firm/Company                                   |  |  |
| 1180 Welsh                          | Road, Suite 2                                  | 280  |  |
|                                     | Address  | <del></del>                                |  |
| North Wales                         | , PA 19454                                     |  |  |
| C                                   | City, State and Zip Code                       |  |  |
|                                     | bellsouth.net                                  |  |  |
| E-mail address: (to                 | be used for future annual r                    | eport notification)                        |  |
| For further informati               | on concerning this ma                          | tter, please call:                         |  |
| Deborah Ra                          | ppaport  | ai ()                                      | 23-6387  |
| Name of Cor                         | ntact Person                                   | Area Code and D                            | aytime Telephone Number  |
| Enclosed is a check t               | for the following amou                         | int:                                       |  |
| □ \$105.00 Filing Fees              | \$113.75 Filing Fees and Certificate of Status | □\$113.75 Filing Fee<br>and Certified Copy | es \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRESS: New Filings Section |  | MAILING ADDRESS: New Filings Section       |  |

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

## **Certificate of Conversion** For "Other Business Entity"



This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation accordance with s. 607.1115, Florida Statutes.

| accordance with s. 607.1115, Florida Statutes.  | >                                     |  |  |  |  |  |
|---|---------------------------------------|--|--|--|--|--|
| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  |                                       |  |  |  |  |  |
| BB's Ice Cream Delites, LLC レルグル  | 100/02573                             |  |  |  |  |  |
| Enter Name of Other Business Entity   | 2010-6-12.                            |  |  |  |  |  |
| 2. The "Other Business Entity" is a Limited Liability Comp  | any                                   |  |  |  |  |  |
| (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)   |                                       |  |  |  |  |  |
| first organized, formed or incorporated under the laws of Florida   |                                       |  |  |  |  |  |
| (Enter state, or if a non-U.S. entity, the name of the country)   |                                       |  |  |  |  |  |
| on April 16, 2014   |                                       |  |  |  |  |  |
| Enter date "Other Business Entity" was first organized, formed or   | incorporated                          |  |  |  |  |  |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state the laws of which it is now organized, formed or incorporated:   | or country under                      |  |  |  |  |  |
| 4. The name of the Florida Profit Corporation as set forth in the <b>attached Incorporation:</b>  | Articles of                           |  |  |  |  |  |
| BB's Ice Cream Delites, Inc.  |                                       |  |  |  |  |  |
| Enter Name of Florida Profit Corporation  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
|   |                                       |  |  |  |  |  |
| 5. If not effective on the date of filing, enter the effective date:  | ·                                     |  |  |  |  |  |
| (The effective date: 1) cannot be prior to nor more than 90 days after document is filed by the Florida Department of State; <u>AND</u> 2) must be effective date listed in the attached Articles of Incorporation, if an effetherein.) | e the same as the                     |  |  |  |  |  |

| Signed this 23rdday ofMay   | , 20 <u>14</u>  |  |
|---|---|--|
| Required Signature for Florida Profit Co  | rporation:  |  |
| Signature of Chairman, Vice Chairman, Dir been selected, an Incorporator:   |   |  |
| Printed Name: Deborah Rappaport   | Title: Incorporator   |  |
| Required Signature(s) on behalf of Other Busin  | ness Entity: [See below for required                                | I  |
| Signature: Jacoballo  | Q   | < -SIGNHÊRE  |
| Printed Name: Barbara J. Valdas   | Title: Managing Member  | Selection and Selection (Selection of Selection of Select |
| Signature: French (ull  | V   | SIGNHERER  |
| Printed Name: Heriberto Valdes  | Title: Authorized Representative                                    |  |
|   |   |  |
| Signature:  |   |  |
| Printed Name:   | Title:  |  |
| Signature:  |   | MAY 28   |
| Printed Name:   |   | 2  |
|   |   | SSE - TT   |
| Signature:  | Title   | SEE P. D   |
| Printed Name:   | rite;   |  |
| Signature:  |   | 25   |
| Printed Name:   | Title:  | '3*  |
| If Florida General Partnership or Limited   | Liability Dartnarchine  |  |
| Signature of one General Partner.   | Liability I at ther suip.   |  |
| -   |   |  |
| If Florida Limited Partnership or Limited   Signatures of ALL General Partners.                                     | Liability Limited Partnership:                                      |  |
| If Florida Limited Liability Company:<br>Signature of a Member or Authorized Represe                                | entative.   |  |
| All others: Signature of an authorized person.  | •   |  |
| Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation Certified Copy: Certificate of Status: | \$35.00<br>ation: \$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) |  |

# 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: BB's Ice Cream Delites, Inc. |   |                    |   |  |  |  |
|---|---|--------------------|---|--|--|--|
| ARTICLE   | E II PRINCIPAL OFFICE   |                    |   |  |  |  |
| The princip   | oal place of business/mailing address is:   | •                  |   |  |  |  |
|   | Principal street address  |                    | Mailing address, if different is:   |  |  |  |
| 4900 SW 201 Terrace   |   | Sam                | Same as street address  |  |  |  |
| South   | west Ranches, FL 33332  |                    | ACCEPTANCE OF THE PARTY OF THE |  |  |  |
|   | EIII PURPOSE se for which the corporation is organized is: and all lawful business activity |                    | AY 28 PM  |  |  |  |
|   |   |                    | 2: 25<br>E  |  |  |  |
| ARTICLE The numbe   | EIV SHARES 10,000,000   |                    |   |  |  |  |
| ARTICLE   |   | RECTORS            | ,   |  |  |  |
|   | <sub>Title:</sub> Barbara J. Valdes, PST/D  |                    | Heriberto Valdes, VP/D  |  |  |  |
| Address:  | 4900 SW 201 Terrace   | Address:           | 4900 SW 201 Terrace   |  |  |  |
|   | Southwest Ranches, FL 33332   |                    | Southwest Ranches, FL 33332   |  |  |  |
| Name and  | Title:  | Name and Title:    |   |  |  |  |
| Address:  |   | Address:           |   |  |  |  |
| Name and  | Title:  | Name and Tit       | le:   |  |  |  |
| Address:  |   | Address:           |   |  |  |  |
| ARTICLE The name a  | EVI REGISTERED AGENT<br>and Florida street address (P.O. Box NOT acce<br>Barbara J. Valdes  | ptable) of the reş | gistered agent is:  |  |  |  |
| Address:  | 4900 SW 201 Terrace   |                    |   |  |  |  |
|   | Southwest Panches El 33332  |                    |   |  |  |  |

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deborah Rappaport

Address: 1180 Welsh Road, Suite 280

North Wales, PA 19454

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

Signature/Registered Agent

Barbara J. Valdes

Lsubmit this document and affirm that the facts stated herein are true. I am aware that any false information

submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Required Signature/Incorporator

Deborah Rappaport

May 23, 2014