

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Las Olas Confections and Snacks, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

LAS OLAS CONFECTIONS AND SNACKS, LLC.
401 East Las Olas Boulevard
Suite 800
Fort Lauderdale, FL 33301

WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

LAS OLAS CONFECTIONS AND SNACKS, LLC, a Florida limited liability company (the "**Company**"), formed on April 12, 2018, does hereby grant permission and approve the filing of the ARTICLES OF INCORPORATION in the State of Florida for:

Las Olas Confections and Snacks, Inc.

The undersigned, being the Manager of the Company, has executed this Written Consent Granting Approval for Use of Name on behalf of the Company this ____ day of April, 2019.

LAS OLAS CONFECTIONS AND
SNACKS, LLC., a Florida limited liability
company

By: 

Name: Seth M. Wise

Title: EVP, BBX Sweet Holdings LLC, the
parent Company of Las Olas Confections and
Snacks, LLC

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: Las Olas Confections and Snacks, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1815 Cypress Lake Drive

Orlando, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000 at \$0.001 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Seth M. Wise President, Treasurer, Secretary

Address 401 East Las Olas Boulevard

Suite 800

Fort Lauderdale, FL 33301

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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: Corporate Creations Network Inc.
Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward L. Ristaino
Address: 350 E. Las Olas Blvd., Ste. 1600
Fort. Lauderdale, FL 33301

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 04/12/19 (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

Date

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

Edward L. Ristaino

Required Signature/Incorporator

Date