P23000079341

| (| (Requestor's Name) | |
|---------------------------|-------------------------|-----------|
| | Address) | |
| (| (Address) | |
| | City/State/Zip/Phone #) |) |
| PICK-UP | WAIT | MAIL MAIL |
| | Business Entity Name) | |
| | Document Number) | |
| Certified Copies | Certificates of | of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
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| | | |

Office Use Only



500418605325



| FLORIDA CAPITAL COURIER SERVICES, I | NC · |
|--|--------------------------------------|
| 2330 CLARE DR | |
| TALLAHASSEE, FL 32309 | |
| (850) 524–5437 / (850) 524–6243 / (850 |)) 491–9625 |
| Please use funds from this acc | ount: I20210000160: \$78.75 |
| Authorization Signature: | fanfallt : |
| THE LONDALE BRAND, INC. | U |
| BUSINESS NAME | DOCUMENT # |
| Certified Copy | |
| _X_Certificate of Status | |
| NEW FILINGS | AMMENDMENTS |
| Profit Corp | Amendment |
| Not for Profit | Resignation of R.A. Officer/Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Revocation of Dissolution |
| LLLP | Merger |
| _X_CORP | Articles of Conversion |
| Other | Restated Articles of Incorporation |
| Other | Statement of Authority |
| OTHER FILINGS | REGISTERATION/QUALIFICATIONS |
| Apostille | Foreign filing |
| Country | Reinstatement |
| Annual Report | Qualification |
| Fictitious Name | Other |
| | |

EXAMINER'S INITIALS:

| FLORIDA CAPITAL COURIER SERVICES, I | NC · · · |
|--|--------------------------------------|
| 2330 CLARE DR | |
| TALLAHASSEE, FL 32309 | |
| (850) 524–5437 / (850) 524–6243 / (850 |) 491–9625 |
| Please use funds from this acco | ount: 120210000160: \$78.75 |
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| THE LONDALE BRAND, INC. | |
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| Apostille | Foreign filing |
| Country | Reinstatement |
| Annual Report | Qualification |
| Fictitious Name | Other |
| | |

EXAMINER'S INITIALS:____



November 9, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: THE LONDALE BRAND, INC Ref. Number: W23000153271

We have received your document for THE LONDALE BRAND, INC. However, the document has not been filed and is being returned for the following:

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 923A00026143

Z m

COVER LETTER

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

| SUBJECT: The Lo | ndale Brand,Inc. | | |
|-------------------------|--|---------------------------------------|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | l 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 CO | PY REQUIRED |
| | erek L. Davis, Sr. Nam Nam 500 E 8th Avenue Suite A200 | e (Printed or typed) | |
| - | | Address | |
| | ampa. FL 33605 City | , State & Zip | |
| (8 | 63) 219-1711 Daytime T | Telephone number | |
| _Dd | avis@d5sih.com E-mail address: (to be use | d for future annual report r | notification) |

NOTE: Please provide the original and one copy of the articles.

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

| PTICLE I NAME e name of the corporation shall be: The Londale Brand, Inc. | | |
|---|-------------------------------|----------------------------|
| Principal street address | Mailing addr | ess, if different is: |
| 600 E. 8+4 AUC | 1600 E | · 8 HA AUC |
| Tampa, FL 33605 | TAMPA | F(, 3360 |
| e purpose for which the corporation is organized is: 10 | provide wa | ler & Food |
| rockets to lane Retail | Chairs & Hes | estil |
| | | |
| | | /_ |
| | | / |
| | | |
| | | 200 |
| Name and Title: Mr. Derek I. Davis, Sr. | Name and Title: Founder & Exc | ecutive Chairman & CEO |
| Address 1600 E 8H Ave | Address: | |
| Jeise A200 | Co-Founds | er & Executive Vice- Chair |
| | | |
| Name and Title: Mr. Ishmel Sanchez | Name and Title: Co-Founde | r & Executive Vice-Chairn |
| Name and Title: Mr. Ishmel Sanchez Address IGOO E 8th Ave TAnya, Fl 3360 | Address: | r.& Executive Vice-Chairo |
| Address 1600 E 8th Are | Address: | r & Executive Vice-Chairm |
| Address 1600 E 8th Are TAMPA, Fl 3360 | Address: | r & Executive Vice-Chairo |
| Address TAMPA, Fl 3360 Scrift A 200 | Address: | r & Executive Vice-Chairn |

| Name and Title: | | Name and Title:_ | | |
|--|---------------------|--------------------|-----------------|--------------------------------------|
| Address | | Address: _ | / | 4 |
| 1/12 | | _ | | (12/ |
| | | - | | |
| ARTICLE VI _ REGISTERED AGENT | | | | |
| The name and Florida street address (P.O. Box NO | OT acceptable) of t | he registered agen | t is: | |
| Name: Derek L Davis, Sr | | | | |
| Address: 1600 E 8 H A | LUENUE | | | |
| Suite Alou | LUENCE | | | |
| TAMPA, FL 33 | 3605 | | | |
| ARTICLE VII INCORPORATOR | | | | |
| The <u>name and address</u> of the Incorporator is: | | | | |
| Name:Derek L_Davis, Sr | | | | |
| Address: 1600 E 8th 1 Suit A200 | Avenue | | | |
| Suit AZOU | | | | |
| TAMPA, Fl 3 | 3605 | | | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: | - N/A - | (OP) | ΓΙΟΝΑΙ.) | |
| (If an effective date is listed, the date must be spe | ecific and cannot | • | • | or 90 days after the |
| filing.) | | G.C. | | |
| Note: If the date inserted in this block does not me the document's effective date on the Department of | | tatutory ming req | uirements, this | s date will not be listed as |
| | | | | ati a milio – a daniimu maad in ahii |
| Having been named as regisfered agent to accept ser certificate, I am familiarly with and accept the appoin | | | | |
| t was to | 1 | | | Nov.7,2023 |
| Required Standard Regis | stered Agent | | _ | Date |
| I submit this document and affirm that the facts si document to the Department of State constitutes a th | | | | |
| ancument to the Department Distance constitutes a th | ma degree Jeumy | us proviucu jor in | | Nov. 7,2023 |
| Required Signature/Incomportion | | - | Date | NOV. 1, FUS |
| | | | | |