

# L11000102183

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

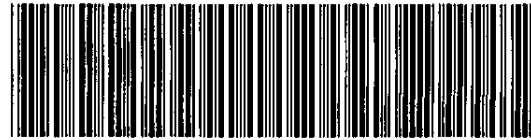
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2011 SEP -6 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
SEP -7 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2011

DAVID WRUBEL CPA PA  
1130 WASHINGTON AVE.  
5TH FLOOR  
MIAMI BEACH, FL 33139

SUBJECT: G & E  
Ref. Number: GP0800004228

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

I did not notice that you had sent in the wrong form. I am enclosing the proper form to convert a General Partnership into a Limited Liability Company. Please fill out this document and return to our office with the proper fee.

The total amount due is \$150.00.

There is a balance due of \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 111A00012389

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G&E

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

DAVID WRUBEL CPA

(Contact Person)

DAVID WRUBEL CPA PA

(Firm/Company)

1130 WASHINGTON AVE, 5TH FLOOR

(Address)

MIAMI BEACH, FL 33139

(City, State and Zip Code)

DAVID@CPA-FL.COM

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DAVID WRUBEL CPA

(Name of Contact Person)

at (305) 372-4272

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:



\$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)



\$155.00 Filing Fees  
and Certificate  
of Status



\$180.00 Filing Fees  
and Certified Copy



\$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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



April 14, 2011

State of Florida Department of State  
Division of Corporations  
5050 West Tennessee Street  
Tallahassee, FL 32399

RE: Bar Lab Cocktail Catering, LLC  
Document #: L10000104906

To Whom it May Concern:

This letter is to advise you of the forming of the new Florida Limited Liability Company:  
Bar Lab & Co, LLC

Bar Lab ~~Cocktail Catering~~<sup>LLC</sup> gives the authorization to the Florida Department of State to form  
Bar Lab & Co, LLC – using the name Bar Lab Cocktail Catering, LLC in the name of the  
company to be formed.

Bar Lab & Co, LLC will have the same (common) owner/managing member as Bar Lab  
Cocktail Catering, LLC

This decision is irrevocable.

Sincerely,

A handwritten signature in black ink, appearing to read "Gabriel Orta". The signature is stylized with a large, circular loop at the beginning.

Print: Gabriel Orta  
Authorized representative for and Title: MGR of Bar Lab Cocktail  
Catering, LLC.

G&E

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**Certificate of Conversion**

For

2011 SEP -6 AM 10:55

**"Other Business Entity"**

Into

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Florida Limited Liability Company**

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

G & E

GP0800004228

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a GP

(Enter entity type. Example: corporation, 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 7/30/2008

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization**:

BAR LAB & CO, LLC

(Enter Name of Florida Limited Liability Company)

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 the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

G&E

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Signed this 23 day of MAY 20 11.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: E. Zvi  
Printed Name: Elad Zvi Title: Managing Member

**Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: G. Orta  
Printed Name: GABRIEL ORTA Title: MANAGER

Signature: E. Zvi  
Printed Name: ELAD ZVI Title: MANAGING MEMBER

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of **ALL** General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BAR LAB & CO, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

345 OCEAN DRIVE #719

MIAMI BEACH, FL 33139

345 OCEAN DRIVE #719

MIAMI BEACH, FL 33139

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ELAD ZVI

Name

345 OCEAN DRIVE #719

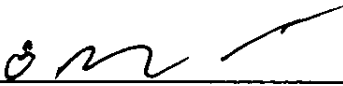
Florida street address (P.O. Box **NOT** acceptable)

MIAMI BEACH

FL 33139

City, State, and Zip

*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 certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

G&E

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

GABRIEL ORTA

2835 SHERIDAN AVE #4

MIAMI BEACH, FL 33139

MGRM

ELAD ZVI

345 OCEAN DRIVE #719

MIAMI BEACH, FL 33139

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** \_\_\_\_\_

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**





Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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 s.817.155, F.S.)

ELAD-ZVI

Typed or printed name of signee

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2011 SEP -6 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA