

P18 000 034 084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

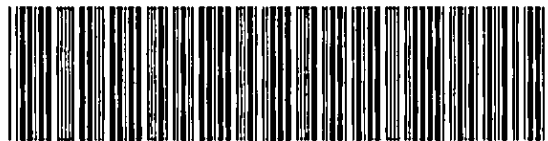
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300310313283

03/12/18--01045--001 **105.00

RECEIVED
19 MAR 30 PM 1:12
TALAHASSEE, FL



D O'KEEFE

APR 13 2018

W18-29119



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2018

ROBERT W. KIDD, CPA
SEABREEZE BOOKKEEPING & TAX SERVICE, LLC
682 S. YOUNGE STREET
ORMOND BEACH, FL 32174

SUBJECT: WHITE LABEL LIQUID, INC.
Ref. Number: W18000029119

We have received your document for WHITE LABEL LIQUID, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 918A00006055

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: WHITE LABEL LIQUID, INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Robert W. Kidd, CPA

Contact Person

Seabreeze Bookkeeping & Tax Service, LLC

Firm/Company

682 S. Yonge Street

Address

Ormond Beach, FL 32174

City, State and Zip Code

Seabreeze682@cfl.rr.com

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

For further information concerning this matter, please call:

Robert W. Kidd, CPA

Name of Contact Person

at (386) 672-6999

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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

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

WHITE LABEL LIQUID, LLC

Enter Name of Other Business Entity

The "Other Business Entity" is a Limited Liability Company

(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 11/18/2015

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

WHITE LABEL LIQUID, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 3/7/18

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

FILED
18 MAR 30 PM 1:16
TALLAHASSEE, FLORIDA



Signed this 7th day of March, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: X

Printed Name: Yaron Elkayan Title: Director

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: X

Printed Name: Yaron Elkayan Title: AMBR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED
MAR 30 PM 1:14
TALLAHASSEE, FL

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: WHITE LABEL LIQUID, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

39 S. Perrott Drive

Ormond Beach, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tax purposes and we want to issue shares. We would also like to set up a management structure.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yaron Elkayan, Director

Name and Title: _____

Address: 39 S. Perrott Drive

Address: _____

Ormond Beach, FL 32174

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
18 MAR 30 PM 1 14
TALLAHASSEE, FL

ARTICLE VI REGISTERED AGENT

The ~~name and Florida street address~~ (P.O. Box NOT acceptable) of the registered agent is:

Name: Hagen & Hagen, PA

Address: 3531 Griffin Road
Ft. Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

The ~~name and address~~ of the Incorporator is:

Name: Yaron Elkayan

Address: 39 S. Perrott Drive
Ormond Beach, FL 32174

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

X Kevin Hagan
Required Signature/Registered Agent

09/03/18
Date

I submit 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 s.817.155, F.S.

X [Signature]
Required Signature/Incorporator

09/03/18
Date

FILED
18 MAR 30 PM 1:19
TALLAHASSEE, FLORIDA