

To Whom It May Concern:

We recently decided to add a DBA to our restaurant name changing it from Laura's and Lolitas to Alexandra's. We have not received our revised license from the State or Florida yet. However; it has been updated online. Attached please find a copy from their website.





STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF HOTELS AND RESTAURANTS 2601 BLAIR STONE ROAD TALLAHASSEE FL 32399-1011 850-487-1395

SARA GONZALEZ LAURA'S CUBAN RESTUARANT 398 E DANIA BEACH BLVD STE 303 DANIA BEACH FL 33004

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

SEA1621593

ISSUED: 12/05/2017

SEATING FOOD SERVICE (2010) LAURA'S AND LOLITAS LLC LAURA'S CUBAN RESTUARANT

IS LICENSED under the provisions of Ch.509 FS.
Expiration date: DEC 1, 2018

DETACH HERE

RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF HOTELS AND RESTAURANTS

LICENSE NUMBER

SEA1621593

NBR. OF SEATS: 40

The SEATING FOOD SERVICE (2010)
Named below IS LICENSED
Under the provisions of Chapter 509 FS.
Expiration date: DEG 1, 2018

LAURA'S AND LOLITAS LLC LAURA'S CUBAN RESTUARANT 2723 HOLLYWOOD BLVD HOLLYWOOD FL 33020



NON-TRANSFERABLE







SERVICES ONLINE OBPR

Main Menu Update Profile Logoff Contact Us Logged in as GONZALEZ, SARA

Seating #SEA1621593

License Menu

Select the function you wish to perform.

Press "Back" to return to the main menu.

LAURA'S AND LOLITAS License Issued To:

License Status: DBA Name:

Current, Active **ALEXANDRAS**

10/10/2017 (mm/dd/yyyy) 12/01/2018 (mm/dd/yyyy) Originally Licensed On: Expires On:

03/29/2018 (mm/dd/yyyy) **Risk Level 2** Modifiers:

Functions

Address Change

Request Duplicate Copy Of My Current License

Application for Initial Permanent Nonseating Restaurant License

<u>Application for Initial Permanent Seating Restaurant License</u>

Remove This License From My Account

Back

The State of Florida is an AA/EEO employer. Copyright 2007-2013 State of Florida. Privacy Statement

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Please see our Chapter 455 page to determine if you are affected by this change.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT PAULETTE BROWN IMPACT INSURANCE SERVICES LLC FAX (A/C No) (954) 885-3885 (954)885 - 388418064 SW 33 Court

Minaman ET 22020	ADDRESS: 1mpactservemsn.com										
Miramar, FL 33029 A032618			INSURER(S) AFFORDING COVERAGE NAIC								
			INSURER A: UNITED STATES LIABILITY INS								
INSURED LAURA'S AND LOLITAS LLC			INSURER B: ASCENDANT COMMERCIAL INS.								
DBA ALEXANDRA'S			INSURER C:								
2723 HOLLYWOOD B	LVD		INSURER D:								
HOLLYWOOD, FL 33020			INSURER E :								
			INSURER F:								
COVERAGES CER	TIFICATE	NUMBER:	REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											
INDICATED. NOTWITHSTANDING ANY REQUIREMEN	NT, TERM OF	R CONDITION OF ANY CONTRACT	OR OTHER DOCUMENT V	MITH RESPECT 1	O WHICH THIS						
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.				IS SUBJECT TO	ALL THE TERMS,						
INSR TYPE OF INSURANCE	ADDL SUBF	1		POLICY EXP (MM/DD/YYYY)	1.13.4170						
X COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	1 000 000					
					DAMAGE TO RENTED	1,000,000					
CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$	100,000					
		CL 1834190	9/22/2017	9/27/2018	MEDEXP (Any one person) \$	5,000					
A	Y					1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER:					THE RESIDENCE OF THE PROPERTY	2,000,000					
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000					
OTHER:					\$						
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)						
ANYAUTO					BODILY INJURY (Per person) \$						
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$						
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$						
					\$						
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$						
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	TO A STATE OF EACH OF THE STATE					
DED RETENTION \$	1				\$						
WORKERS COMPENSATION					X PER OTH-						
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		WC-71464-0	9/23/2017	9/23/2018	E.L. EACHACCIDENT \$	100,000					
B OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$	100,000					
If yes, describe under DESCRIPTION OF OPERATIONS below						500.000					
BEGGRIF HON OF OF ENAMIONS BRIOW					E.L. DISEASE - POLICY LIMIT \$						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD :	101 Additional Remarks Schoolule	ov be attached if more and	- ii1\							
RESTAURANT	LO (ACOND	101, Additional Nemarks Schedule, II	lay be attached if filore space	e is required)							
CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED WITH REGARDS TO COMMERCIAL											
GENERAL LIABILITY.											
CERTIFICATE HOLDER			CANCELLATION								
CITY OF HOLLYWOO											
2600 HOLLYWOOD B			BED POLICIES BE CANCELLED BEFO								
HOLLYWOOD, FL	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
,											

AUTHORIZED REPRESENTATIVE

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(Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; of	do not loove this line blook		*****				ــــــــــــــــــــــــــــــــــــــ				-		
	Laura's and Lolitas LLC	do not leave this line blank.												
	Business name/disregarded entity name, if different from above					·								
	Alexandras													
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
e. ns or	☑ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC							Exempt payee code (if any)						
t to	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ *									•				
Print or type. Specific Instructions on page	Note: Check the appropriate how in the line above for the true desired in the line of the line above for the							Exemption from FATCA reporting code (if any)						
eci	☐ Other (see instructions) ▶							(Applies to accounts maintained outside the U.S.)						
Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name a							and address (optional)						
See	2723 Hollywood Blvd													
6 City, state, and ZIP code														
	Hollywood, FL 33020													
7 List account number(s) here (optional)														
Par				_										
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a					cial se	curity	num	ber	1					
resident alien, sole proprietor, or disregarded entity, see the instructions for Part Llater, For other						-	.		_				ĺ	
entities, it is your employer identification number (EIN). If you do not have a number, see How to get a						<u></u>	<u> </u>							
T/N, later.														
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter. Employer Employer				er identification number										
				- 2	6	1	3	5	3	9				
Part II Certification			لــــــــــــــــــــــــــــــــــــــ				L.		Ш					
	penalties of perjury, I certify that:						-					*******		
		her for I am waiting for a	number	٠.	ha ia	المحديد		٠	لسند					
 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am 														
no longer subject to backup withholding; and														
3. I am a U.S. citizen or other U.S. person (defined below); and4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.														
Certifi	cation instructions. You must cross out item 2 shows if you have been	pt from FATCA reporting	is corre	ct.										
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.														
Sign	Signature of				1	1								
Here	U.S. person >	——————————————————————————————————————	ate >		0 1	1	101:							
General Instructions Section references are to the Internal Revenue Code unless otherwise • Form 1099-DIV (dividends, including funds)						y thos	e froi	m sto	ocks	or n	nutu	al		
noted. • Form 109-ivitio (various types of income, prizes, awards, or						or g	ross	}						
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted ley were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 												
Purpose of Form		 Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions) 												
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer		Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)												
identif	cation number (TIN) which may be your social security number	• Form 1099-C (canceled debt)												
(SSN),	individual taxpayer identification number (ITIN), adoption	 Form 1099-A (acquisition or abandonment of secured property) 												
(EIN), 1	er identification number (ATIN), or employer identification number or report on an information return the amount paid to you, or other treportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.												
returns	include, but are not limited to, the following. 1099-INT (interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,												

later.

Cat. No. 10231X



16-8017339176-8 08/31/17

Certificate Number Registration Effective Date

This certifies that

LAURA'S AND LOLITAS 2723 HOLLYWOOD BLVD HOLLYWOOD FL 33020-4821

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.



This is your Sales & Use Tax Certificate of Registration.

Detach and Post in a Conspicuous Place.



You must notify the Department if you change your:

- · business name:
- mailing address;
- location address within the same county;
- tax account to an inactive status because your business operations are temporarily suspended; or
- close or sell your business.

The quickest way to notify the Department is online. Go to www.myflorida.com/dor, select "TAXES," then select "Update Account Information Online."

You must **submit a new registration online (no fee)**, or print a *Florida Business Tax Application* (Form DR-1) from our website and mail the application with a \$5 fee to the Department, if you:

- move your business location from one Florida county to another;
- · change your legal entity; or
- change the ownership of your business.

7

Below is your Florida Annual Resale Certificate for Sales Tax.

New dealers who register after mid-October are issued annual resale certificates that expire on December 31 of the following year.

These certificates are valid immediately.

DR-11R, R. 10/16





Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company LAURA'S AND LOLITAS, LLC

Filing Information

Document Number

L17000180479

FEI/EIN Number

82-2613539

Date Filed

08/23/2017

Effective Date

08/23/2017

State

FL

Status

ACTIVE

Principal Address

2723 HOLLYWOOD BLVD HOLLYWOOD, FL 33020

Changed: 08/30/2017

Mailing Address

398 E DANIA BEACH BLVD,

#303

DANIA BEACH, FL 33004

Registered Agent Name & Address

GONZALEZ, ANTHONY

398 E DANIA BEACH BLVD

303

DANIA BEACH, FL 33004

Authorized Person(s) Detail

Name & Address

Title MGR

GONZALEZ, ANTHONY A 398 E DANIA BEACH BLVD #303



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Return to List

Fictitious Name Search

Submit

No Filing History

Fictitious Name Detail

Fictitious Name

ALEXANDRAS

Filing Information

Registration Number G18000023049

Status

ACTIVE

Filed Date

02/13/2018

Expiration Date

12/31/2023

Current Owners

County

MULTIPLE

Total Pages

Events Filed

NONE

FEI/EIN Number

82-2613539

Mailing Address

398 EAST DANIA BEACH BLVD #303 DANIA BEACH, FL 33004

Owner Information

LAURAS AND LOLITAS, LLC 2723 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 FEI/EIN Number: 82-2613539

Document Number: L17000180479

Document Images

02/13/2018 -- Fictitious Name Filing

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No Filing History

Submit

Florida Department of State, Division of Corporations



Food Permit

Food permit will be issued by the State of Florida once contract is awarded.

