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**Division of Corporations**  
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TALLAHASSEE, FLORIDA  
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Division of Corporations  
Fax Number : (850) 922-4003

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**WING-N-IT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Name [Signature]  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Wing-N-It, LLC

## ARTICLE II - Address:

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

10140 West Oakland Park Blvd  
Sunrise, FL 33351

ARTICLE III - The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager - managed company. The name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Name Jerry Dubravetz  
Addr 5779 Washington St Apt N-1  
Hollywood, FL 33023

Name William J Sinopoli  
Addr 10374 Welby Isles Lane  
Sunrise, FL 33351

Name Robert Sinopoli  
Addr 4281 Reflections Blvd S Apt 101  
Sunrise, FL 33351

Name Sharon K Trowell  
Addr 5777 Washington St Apt M-3  
Hollywood, FL 33023

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(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.)

  
Signature of member or authorized representative of a member


7/28/00  
Date

Jerry Dubravetz  
Printed name

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:  
The name and the Florida street address of the registered agent are:

Jerry Dubravetz  
5779 Washington St Apt N-1  
Hollywood, FL 33023

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 for my position as registered agent as provided for in Chapter 608, F.S.

  
Registered Agent's Signature

7/28/00  
Date

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