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3320 S.W. 87TH AVENUE Address MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time 2.00 Certificate of Status Photocopy Mail out Will weit **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

LAZARUS

CORPORATE FILING SERVICE
Requester's Name

ARTICLES OF ORGANIZATION FOR FLORIDA

LIMITED LIABILITY COMPANY

OF

WB INVESTMENTS, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

WB INVESTMENTS, L.L.C.

ARTICLE II - Address:

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

> 168 S.E. 1st Street, 12th Floor Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office and

Registered Agent's Signature:

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

JUAN E. VALDES 4160 W. 16th Ave., Suite 402 Hialeah, FL 33012

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.

Registered Agent's Signature

ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company.

MANAGERS

ARNOLD FORTUNY SR.

168 S.E. 1st Street, 12th Floor Miami, FL 33131

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 constitute an affirmation under the penalties of perjury that the facts stated herein are true.)

JUAN E. VALDES AUTHORIZED AGENT

STATE OF FLORIDA COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared JUAN E. VALDES, authorized agent, to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this $\frac{\sqrt{3}}{2}$ day of April, 2005.

NOTARY PUBLIC STATE OF FLORIDA AT LARGE

ANOLAN LESTON

MY COMMISSION 7 DD 035065

EXPIRES: August 13, 2005

Banded Thru Notary Public Underwriters