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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR -8 PM 4:43

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J. SAULBERRY
EXAMINER
APR 11 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WAB Eateries LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Brown
Name of Person

WAB Eateries LLC
Company

731 N Grandview Ave
Address

Daytona Beach FL 32118
City/State and Zip Code

billeee@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Brown at (386) 236 9167
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

I need a Tax ID#!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WAB EATERIES LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

WAB Eateries LLC / Olds Daytona *2011*
701 N Atlantic Ave
Daytona Beach FL 32118

Mailing Address:

WAB EATERIES LLC *731 N Grandview*
Daytona Beach FL 32118
Daytona Beach FL 32118

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:

William Brown

731 N Grandview Ave

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

Daytona Beach FL 32118

City, State, and Zip

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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.

William Brown

Registered Agent's Signature (REQUIRED)

William Brown

(CONTINUED)

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

*William Brown
731 N Grandview*

Daytona Beach FL 32118

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: ~~March 2011~~

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

William Brown

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.)

WILLIAM BROWN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)