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SECRETARY OF STATE

COVER LETTER

TO:

	ation Section n of Corporations	
SUBJECT:	WACK Willie'S TIM' BAR & GRIII Name of Limited Liability Company	oF
The enclosed A	ticles of Organization and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	EROY GONZA/FZ DR Name of Person	
E	AY GROVE GROUP LLC Firm/Company	
	706 5 Kingsway Rd	
	SEFFNER Florida 33584 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further info	mation concerning this matter, please call:	
Doy	Name of Person at (813) 681-1646 Area Code & Daytime Telephone Number	
Enclosed is a	heck for the following amount:	
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$160.00 Filing F Certificate of Status (additional copy is enclosed) \$\int_\$\$ Certified Copy (additional copy is enclosed)	tus &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Mailing Address:

ARTICLE II - Address:

Principal Office Address:

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

1706 S. KINGSWAY RD SAME SEFFNER FIA 33584			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individe business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are: LEROY GONZALEZ JO Name	SECRETARY IALLAHASSE	11 nn -7	<u> </u>
Florida street address (P.O. Box NOT acceptable)	OF STATE	AM 10: 12	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

-	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGR	LEROY GONZALEZ JR 1706 S. TINGS WAY SEFENER FIA 33584
	(Use attachment if necessary)	
	CLE V: Effective date, if other than the date effective date is listed, the date must be selfond days after the date of filing.)	nte of filing: July 8-2011. (OPTIONAL) pecific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	SECRETARY SECOND TO A SECOND T
	(In accordance with section 608.40 constitutes an affirmation under the I am aware that any false informationstitutes a third degree felony a	08(3), Florida Statutes, the execution of this document of perjury that the facts stated herein are significant to the Department of state of perjury that the facts stated herein are specified in a document to the Department of state of provided for in s.817.155, F.S.)
	Type	Gowzh/E-2 JP d 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)