04/09/2012 10: 1: 48 AN - PAOO POW RED B (OF A FX 32)	PAGE 1 OF 3
478/12 Division of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
Note: Please print this page and use it as a cover sheet. Type the fax a (shown below) on the top and bottom of all pages of the docume: (((H12000091883 3)))	
HE20000618833ABC% Note: DO NOT bit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : HUBCO Account Number : 104662003400 Phone : (516) 935-3940 Fax Number : (516) 935-3940 Fax Number : (516) 935-3088 **Enter the email address for this business entity to be used annyal report mailings. Enter only one email address place OUT FLORIDA LIMITED LIABILITY CO. WiFresh Entertainment LLC Certificate of Status	FILED 2012 APR -9 AN 7: 55 TALLAHASSEE, FLORIDA
G G	J. BRYAN APR 1 0 2012 EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name The name of the Limited Liability Company is: WIFresh Entertainment LLC

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

3273 Falcon Point Drive

3273 Falcon Point Drive

Kissimmee, FL 34741

Kissimmee, FL 34741

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

Michael L. Wiggins

Name

<u>3723 Falcon Point Drive</u> (P.O. Box or Mail Drop Box <u>NOT</u> Acceptable)

Kissimmee, FL 34741

(City / State / Zip)

Having heen 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.

Registered Agent's Signature - Michael/LA

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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	Roberto Bautista - 414 Sonoma Drive, Vairico, FL 33594
_MGRM	Syreeta Pope - 11414 Dutch Iris Drive, Riverview, FL 33578
MGRM	Michael A. Wiggins - 11414 Dutch Iris Drive. Riverview, FL 33578
MGRM	Sean A. Wiggins - 11414 Dutch Irls Drive. Riverview, FL 33578

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signafure of a member or 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 berein are true.)

Roberto Bautista

Typed or printed name of signce

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