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12 AUG -9 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Offices of
STEVEN I. GREENWALD, P.A.

Boca Palm Professional Plaza
6971 North Federal Highway
Suite 105
Boca Raton, Florida 33487

e-mail: sigreenwaldlaw@att.net

Phone: 561.994.5560 ext 101
Fax: 561.994.5629

August 8, 2012

VIA UPS OVERNIGHT DELIVERY

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: WB, LLC

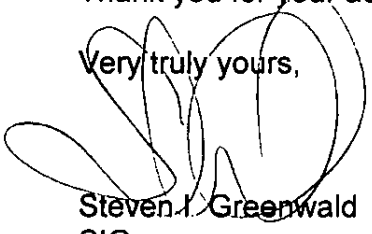
Dear Sir/Madam:

Enclosed please find Articles of Organization for WB, LLC and this firm's check No. 1418 in the amount of \$125.00 for the filing fee of same.

Please forward a confirmation letter to Steven I. Greenwald, Esq., 6971 North Federal Highway, Suite 105, Boca Raton, Florida 33496. Our phone number is (561) 994-5560.

Thank you for your assistance.

Very truly yours,



Steven I. Greenwald
SIG:mmm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WB, 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:

Steven I. Greenwald, Esq.

Name of Person

Law Offices of Steven I. Greenwald, P.A.

Firm/Company

6971 North Federal Highway, Suite 105

Address

Boca Raton, FL 33487

City/State and Zip Code

sigreenwaldlaw@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven I. Greenwald, Esq.

Name of Person

at (**561**) **994-5560**

Area Code & Daytime Telephone Number

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WB, 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:

62 S.E. 7th Avenue
Delray Beach, FL 33483

Mailing Address:

62 S.E. 7th Avenue
Delray Beach, FL 33483

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:

Steven I. Greenwald, Esq.

Name

6971 North Federal Highway, Suite 105

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

Boca Raton FL 33487

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ellen Halperin

62 S.E. 7th Avenue

Delray Beach, FL 33483

MGRM

Barry Halperin

62 S.E. 7th Avenue

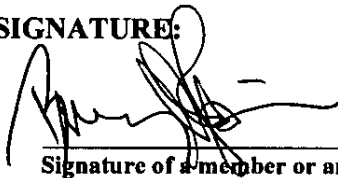
Delray Beach, FL 33483

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:



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.)

Barry Halperin

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)