

L99000006136

CAPITOL SERVICES d/b/a
 PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
 1406 Hays Street, Suite 2
 (Address)
 Tallahassee, FL 32301 (904) 656-3992
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

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 -09/28/99-01028-022
 ****337.50 ****337.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. WPV Restaurant, LLC
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

99 SEP 28 AM 10:55

RECEIVED

99 SEP 28 PM 3:16

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

- Walk in Pick up time 9/28 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Name Availability	MJH
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

**ARTICLES OF ORGANIZATION FOR
WPV RESTAURANT, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

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ARTICLE I-Name

The name of the Limited Liability Company is :

WPV RESTAURANT, LLC

ARTICLE II-Duration

The period of duration for the Limited Liability Company shall be perpetual; provided that in the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Limited Liability Company, the Limited Liability Company will dissolve unless the remaining members by unanimous consent agree to continue the business of the Limited Liability Company.

ARTICLE III-Address

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

WPV BarCo, Inc.
1918 Rowena Avenue
Orlando, Florida 32803

ARTICLE IV-Management

The management of the Limited Liability Company is reserved to the members and the following member is the Managing Member, who shall serve as manager until the first annual meeting of members or until their successor is elected and qualifies, whose address is as follows:

WPV BarCo, Inc.
1918 Rowena Avenue
Orlando, Florida 32803

ARTICLE V-Initial Registered Agent and Registered Office

The address of the initial registered office of the Limited Liability Company is 1918 Rowena Avenue, Orlando, Florida 32803, and the name of its initial registered agent at such address is Eric F. Kovar.

ARTICLE VI- Additional Members

The admission of any new members shall be subject to the written approval of all members of the Limited Liability Company existing at that time and to the requirement that the new member(s) consent in writing to the terms and provisions of these Articles of Organization and the Regulations of the Limited Liability Company.

ARTICLE VII-Miscellaneous

Restrictions upon the authority of members to incur indebtedness or contractual liability, or to alienate or acquire any interest in property, on behalf of the Limited Liability Company, shall be as set forth in the Regulations.

The undersigned, being a member of the Limited Liability Company hereby certifies that the foregoing constitutes the Articles of Organization of WPV RESTAURANT, LLC.

Executed by the undersigned at Winter Park, Florida, on September 17, 1999.

MANAGING MEMBER
WPV BarCo, Inc.

By: Eric F. Kovar, pres.
Eric F. Kovar, President

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

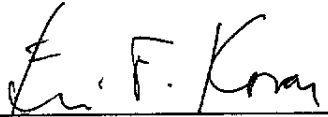
1. The name of the Limited Liability Company is:

WPV RESTAURANT, LLC.

2. The name and address of the registered agent and office is:

Eric F. Kovar
1918 Rowena Avenue
Orlando, Florida 32803

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.



Eric F. Kovar

9/23/99

Date

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of WPV RESTAURANT, LLC deposes and says:

1. The above-named Limited Liability Company has at least one member.
2. The total amount of cash contributed by the members is \$800,000.00.
3. If any, the agreed value of property other than cash contributed by member(s) is \$NONE. No property other than cash has been contributed to the Limited Liability Company.
4. The total amount of cash or property anticipated to be contributed by member(s) is \$800,000.00. This total includes amounts from 2 and 3 above.

Eric F. Kovar

 Eric F. Kovar

STATE OF FLORIDA
 COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 17 day of September, 1999, by Eric F. Kovar, Managing Member of WPV RESTAURANT, LLC., a Florida limited liability, who is personally known to me or has provided _____ as identification.

(SEAL)



Kristy Falkner
 MY COMMISSION # CC568189 EXPIRES
 July 4, 2000
 BONDED THRU TROY FAIR INSURANCE, INC.

Kristy Falkner

 Notary Signature
 My Commission Expires: