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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Prione

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Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION

WINGS PLUS OF HERON BAY, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLEI NAME

The name of the corporation shall be:

WINGS PLUS OF HERON BAY, INC., A FLORIDA CORPORATION

PRINCIPAL OFFICE ARTICLE II _

The principal place of business and mailing address of this corporation shall be:

9880 WEST SAMPLE ROAD, CORAL SPRINGS, FLORIDA 33065

<u>ARTICLE III SHARES</u>

The number of shares of stock that this corporation is authorized to have cutstanding at any one time is

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

Barry M. Sickles, Esq.

3300 University Drive, Suite 712, Coral Springs, Florida 33065

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are:

BRIAN WALSH

9880 WEST SAMPLE ROAD, CORAL SPRINGS, FLORIDA 33063

ARTICLE VI INITIAL DIRECTORS OF THE CORPORATION

President: BRIAN WALSH

9880 WEST SAMPLE ROAD, CORAL SPRINGS, FLORIDA 33065

Vice President:

CAROL ANN WALSH

9880 WEST SAMPLE ROAD, CORAL SPRINGS, FLORIDA 33065

ARTICLE XI <u>PURPOSE</u>

The purpose of this Corporation is the operating of a food restaurant and related services

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(2)

Signature/Incorporator

BRIAN WALSH

Date: AUGUST 17, 2006

(An additional article must be added if an effective date is requested.)

Having been named as registered agent ant to accept service of process for the above stated corporation 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

Signature/Registered Agent

Barry M. Sickles, Esq.

Date : AUGUST 17, 2006