

L03000016394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

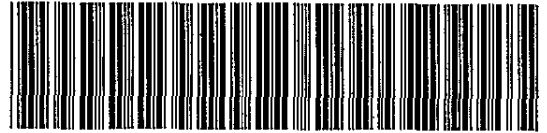
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WEST & FEINBERG, P.C.

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WRITER'S DIRECT NUMBER IS
(301) 951-1500

May 5, 2003

VIA FEDERAL EXPRESS

Division of Corporations
Department of State
409E Gaines Street
Tallahassee, Florida 32399

Re: Levin Family LLC
Our File No. 19584.1

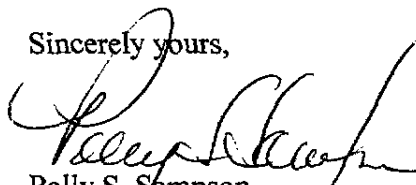
Ladies/Gentlemen:

I enclose duplicate originals of Articles of Organization for Levin Family LLC along with our check in the amount of \$125 for the filing fee.

Please return the acknowledgment to me in the enclosed federal express envelope.

Please call me if you have any questions or if additional information is requested.

Sincerely yours,



Polly S. Sampson
Corporate Paralegal

PSS
Enclosures

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LEVIN FAMILY LLC

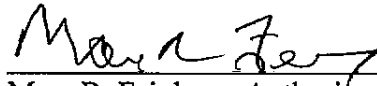
ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of Chapter 608 of the Florida Statutes which governs the formation of a limited liability company, the undersigned, acting at the direction of and on behalf of one or more persons desiring to be members of and having agreed to form Levin Family LLC as a limited liability company pursuant to the Florida Limited Liability Company Act, hereby acknowledges and certifies:

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- FIRST: The name of the limited liability company is: LEVIN FAMILY LLC.
- SECOND: The mailing address of the principal office of the Limited Liability Company is: 6850 Tenth Avenue, North, Unit 201, Lakeworth, Florida 33467.
- THIRD: The name and address of the registered agent of the Limited Liability Company is: Sylvia F. Levin, 6850 Tenth Avenue, North, Unit 201, Lakeworth, Florida 33467.
- FOURTH: The Limited Liability Company is to be managed by one or more managers, and is, therefore, a manager-managed Company.

IN WITNESS WHEREOF, these Articles of Organization are executed this 5th day of May, 2003, by Marc R. Feinberg, Esq., an authorized representative of the Limited Liability Company, and to the best of his knowledge, information and belief, the matters and facts set forth in these Articles of Organization with respect to its authorization and approval are true in all material respects and that this statement is made under the penalties for perjury. (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.)



Marc R. Feinberg, Authorized Representative

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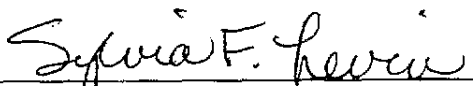
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the Provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following Statement to Designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is: LEVIN FAMILY LLC.
2. The name and the Florida street address of the registered agent are:

Sylvia F. Levin
6850 Tenth Avenue, North
Unit 201
Lakeworth, Florida 33467

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.



Sylvia F. Levin