## 1030000 45979

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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TALLAHASSEE, LSANS

## Lefrak & Associates, P.C. ATTORNEYS AT LAW

New York Office: 18 East 48th Street 10th Floor New York, New York 10017 (212) 421-7633 Fax: (212) 753-7278

Florida Office: 255 Evernia Street West Palm Beach, Florida 33401 (561) 659-4804 Fax: (561) 655-1353

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> ESL Companies, LLC Re:

Dear Sir or Madam:

As per the attached Transmittal Letter, please file the enclosed Articles of Organization for the abovelisted limited liability company, and return a certified copy to me in the enclosed self-addressed stamped envelope. I have enclosed a check for \$155.00 to cover the filing fee, designation of registration agent and the cost of a certified copy.

If you have any questions, please call me at (212) 421-7633 x307. Thank you for your consideration and prompt attention to this matter.

November 12, 2003

## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: ESL COMPANIES, 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:		
EVAN S. COWIT		
(Name of Person)		
LEFRAK & ASSOCIATES, P.C.		
(Firm 'Company)	_	
18 EAST 48TH STREET, 10TH FLOOR		
(Address)	F 0	<b>)</b>
NEW YORK, NY 10017	03 NOV 17	Francisco
(City/State and Zip Code)	~	4
For further information concerning this matter, please call:  EVAN S. COWIT  at (212 ) 421-7633	=	
	9: 30	**************************************
(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	9: 30	-

ARTICLE II -		minimal accionactable Visite IV 1199 co
THE MANING AUC	ness and sheet address of the b	rincipal office of the Limited Liability C
Principal Office	e Address:	Mailing Address:
6663 Crenshaw	Drive	6663 Cronshaw Drive
Orlando, FL 328	335	Orlando, FL 32835
ARTICLE III .	- Registered Agent Registers	d Office & Registered Ament's Signature
		d Office, & Registered Agent's Signati
	- Registered Agent, Registere	
	he Florida street address of the	
	he Florida street address of the	registered agent are:
	he Florida street address of the	registered agent are:
	he Florida street address of the	registered agent are:
	ERIC LEOPOLD  Name 6663 Crenshaw Drive	registered agent are:
	ERIC LEOPOLD  Name 6663 Crenshaw Drive Florida street address (P.	O. Box NOT acceptable)
	ERIC LEOPOLD  Name 6663 Crenshaw Drive Florida street address (P. Orlando, FL 32835	O. Box NOT acceptable)  FLORIDA 32835
	ERIC LEOPOLD  Name 6663 Crenshaw Drive Florida street address (P.	O. Box NOT acceptable)  FLORIDA 32835
The name and the	ERIC LEOPOLD  Name 6663 Crenshaw Drive Florida street address (P.  Orlando, FL 32835  City, State,	O. Box NOT acceptable)  FLORIDA 32835

Page 1 of 2 (CONTINUED)

AGR" = Manager AGRM" = Managing Member	Name and Address:	
GRM	ERIC LEOPOLD	=
	6663 Crenshaw Drive	3
	Orlando, FL 32835	Æ
	Orlando, FL 32835	y: 30
	<u></u>	_
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se attachment if necessary)		
OTF: An additional article mus	it be Added if an effective date is requested.	
OIL. All Additional activity mus	is be althed it all effective trace is requested.	
equired signature: (	<b>K</b>	
	X yember	
Signature of a member by	an authorized representative of a member.	

Filing Fees:
\$190.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee