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2004 JUN 11 P 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(Requestor's Name)

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(City/State/Zip/Phone #)

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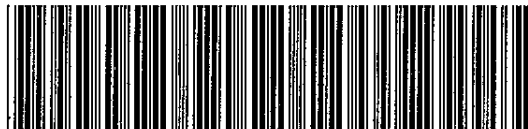
(Business Entity Name)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2004 JUN 11 P-2:36

SUBJECT: The Ambassador Group, LLC
(Name of Limited Liability Company)

~~SECRETARY OF STATE~~
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James P. McMahon

(Name of Person)

(Firm/Company)

1995 Waters Edge

(Address)

Westlake, OH 44145

(City/State and Zip Code)

For further information concerning this matter, please call:

Seamus J. McMahon, Esq.

(Name of Person)

at (216) 621-1000

(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**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Ambassador Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

5944 Sand Wedge Lane

Naples, Florida 34110

Mailing Address:

1995 Waters Edge

Westlake, OH 44145

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Kerry F. McMahon

Name

5944 Sand Wedge Lane

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

Naples

FLORIDA 34110

City, State, and Zip

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, Florida Statutes..


Registered Agent's Signature

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James P. McMahon

1995 Waters Edge

Westlake, OH 44145

MGRM

William Repp

28917 Wayside Lane

Bay Village, OH 44140

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

James P. McMahon

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)