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(Business Entity Name)				
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LAW OFFICES OF RONALD S. SCHICKLER

July 20, 2005

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

Dear Sir or Madam:

Enclosed please find the Articles of Organization for ADSR, LLC, along with the Designation of the Registered Agent. Also enclosed is a check in the amount of \$125.00, payable to the Florida Department of State for the filing fee.

Please return all correspondence concerning this matter to Ronald S. Schickler at 21825 Chagrin Blvd., Suite 320, Beachwood, Ohio, 44122.

Your prompt attention to this matter is appreciated.

Very truly your

Ronald S. Schickler

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RSS/cm Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	· ie-			
The name of the Emmed Elability Company	15.			
ADSR, LLC				
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
17371 Red Fox Trail	17371 Red Fox Trail			
Chagrin Falls, Ohio 44023	Chagrin Falls, Ohio 44023			
	the state of the s			
The name and the Florida street address of the CT Corporation System	red Office, & Registered Agent's Signature: ne registered agent are:			
Na	me			
1200 South Pine Island Ro	ad			
Florida street address (P.O. Box NOT acceptable)				
Plantation	FI. 33324			
City, Sta	te, and Zip			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all approximance of my duties, and I approximate with and egistered agent as provided for in Chapter 108, F.S.			
	RATE 5			
Registered Age	ent's Signature Gil S. Apelia, Asst. Secretary			

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM .	Alice D. S. Rozman 17371 Red Fox Trail Chagrin Falls, Ohio 44023
· ·	
(Use attachment if necessary)	
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a memb	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perfus herein are true.)
Alice D. S. Rozr	man SA Cyped or printed name of signee SA CYPE

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)