

L05000074194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

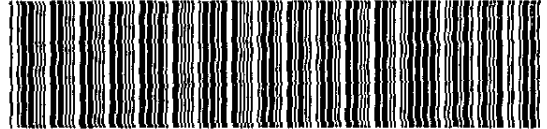
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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| Name | |
| Availability | |
| Document | |
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| Updater | |
| Verifier | DCC |
| Acknowledgement | DCC |
| W. P. Verifier | DCC |

Office Use Only



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07/25/05--01042--019 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 yours,



Ronald S. Schickler

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TALLAHASSEE, FLORIDA

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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 is:

ADSR, LLC

ARTICLE II - Address:

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

Principal Office Address:

17371 Red Fox Trail
Chagrin Falls, Ohio 44023

Mailing Address:

17371 Red Fox Trail
Chagrin Falls, Ohio 44023

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

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

CT Corporation System

Name

1200 South Pine Island Road

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


Plantation

FL

33324

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, F.S.


Registered Agent's Signature **Gil S. Apelis, Asst. Secretary**

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TALLAHASSEE FLORIDA

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Alice D. S. Rozman

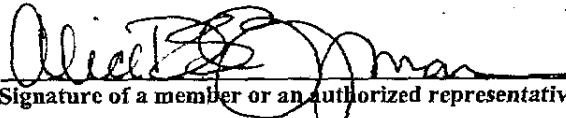
17371 Red Fox Trail

Chagrin Falls, Ohio 44023

(Use attachment if necessary)

NOTE: An additional article must 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.)

Alice D. S. Rozman

Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA

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