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PICK UP:

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COVER LETTER

TO:	New Filing Section Division of Corporations	
erib i		SSOCIATES LLC
20 61	ECT: Name of L	imited Liability Company
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this r	natter to the following:
		ALAN D. RUBIN
		Name of Person
	Al	DR ASSOCIATES LLC
		Firm/Company
	63	225 MARLIN DRIVE
	- 	Address
	COR	AL GABLES, FL 33158
		City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For furth	her information concerning this matter, plea	se call:
		788-0321
		Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:	
	00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Li	ability Company is:			
ADR ASSOCIA				
(Must	contain the words "Limited	Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	office of the Limited	Liability Company is:	
Pri	Principal Office Address:		Mailing Address:	
6225 Marlin Dri		622	5 Marlin Drive	
Coral Gables FL	. 33158	Cor	al Gables FL 33158	
The name and the Florida st	A	lan D. Rubin Name		
	6225 Martin Drive Florida street addres	s (P () Boy NOT a	crentable)	
			•	
	Coral Gables	<u>FL</u>	33158	
	City	State	Zip	
place designated in this certifle Turther agree to comply with th	cate, I hereby accept the app ne provisions of all statutes re ne obligations of my position	ointment as register elating to the proper	above stated limited liability competed agent and agree to act in this cap and complete performance of my disprovided for in Chapter 605, F.S.	pacity. I uties, and I

(CONTINUED)

THAY 25 PH 3: 52
SEURE LARY OF STATE
FALL AHASSEE, FLORIDA

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
AMBR	Alan D. Rubin		
······································	6225 Marlin Drive		
	Coral Gables FL 33158		
(Use attachment if necessary)			
e of filing.) If the date inserted in this block does not meet	filing: (OPTIONAL) The and cannot be more than five business days prior to or 90 It the applicable statutory filing requirements, this date will not		
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