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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : M. BURR MEIN COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

LIMITED LIABILITY COMPANY

COACHING SOLUTIONS, LLC

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Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: COACHING SOLUTIONS, LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 10811 Oak Bend Way, Wellington, FL 33414 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Jon I. Rossi Name 10811 Oak Bend Way Florida street address (F.O. Box NOT acceptable) Wellington FL 33414 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

(An additional article must be added if an effective date is requested)

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.)

Jon I. Rossi
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)