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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Webinar MCs, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew William Lion Name of Person Webinar MCs, LLC Firm/Company 4825 Waterwitch Point Dr. Address Orlando, FL 32806 City/State and Zip Code matthew@webinarmcs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Matthew William Lion at (321 2308427 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address Street/Courier Address** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Webinar MCs, LLC (Must and with the words "Limited Liability Company, "L.L.C.," or "LI.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 4825 Waterwitch Point Dr 4825 Waterwitch Point Dr Orlando, FL 32806 Orlando, FL 3280 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: John Charles Llon 1018 Emmett St Florida stroet address (P.O. Bux NOT acceptable) Pt. 34741 Kissimmee 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.

(CONTINUED)

Page 1 of 2

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Matthew William Lion 4825 Waterwitch Point Dr Orlando, FL 32806 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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 doc section 608.408(3), constitutes an affirmation under the penalties of perjury that the facts stated herein the Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) 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)

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

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

\$ 5.00 Certificate of Status (Optional)