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PICK-UP	☐ WAIT	MAIL
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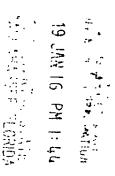
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: McCool's Online Solutions LLC Name of Limi	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this made	iter to the following:	
Carol J McCool		
	Name of Person	
	Firm/Company	
3666 Andrew Circle		
	Address	
Avon Park, FL 33825		
Cit	y/State and Zip Code	
carol.mccool@gmail.com E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	e call:	
Carol J McCool at (8	12) 528-8457	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Partition Courts	Street/Courier Address Parintentian Santian	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

 $f = - \pi$

ARTICLE I - Name: The name of the Limited Liability Company is:	
McCool's Online Solutions LLC (Must end with the words "Limited L	iability Company, "L.IC.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
_3666.Andrew_Circle Avon Park, FL 33825	3666 Andrew Circle Avon Park, FL 33825
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Carol J McCool Name	
3666 Andrew Circle Florida street address (P.O. Box 2	SOT acceptable)
Avon Park	F1. 33825 Zip
City	Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance eations of my position as registered agent as provided for in 605, F.S
Carol J. M. Registered Again's Signatu	re (REQUIRED)
(CONTINUE	D)

Page 1 of 2

<u>Fitle:</u>	Name and Address:	
\overline{AMBR} " = Authorized N	Aember	
"MGR" = Manager		
AMBR	Carol J McCool	
	3666 Andrew Circle	
	Avon Park, FL 33825	
	***	—
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ARTICLE IV-