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T. CLINE

MAY -4 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Get Hired and Beyond 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:
Jessica Renard
Cret Hired and Beyond
Tan example,
10255 Little Mustary Way
Lake Worth, FL 33449 For S
ivenard a act hiredand beyond to a
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tessica Renard at (501), 573-350 BE Name of Person Area Code & Daytime Telephone Number STI
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$100.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
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:

Get Hiced and Beyon (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10255 Little Mustary Way Lake Worth, FL 33449	10295 Little Mustary Way LAVE WORTH, FL 334497 =
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the results of the resu	1 1/1
Florida street add	ress (P.O. Box NOT acceptable) FL 33449 tte, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	uccept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608. F.S.
Registered Agent's Signat	ure (REQUIRED)

(CONTINUED)

Page 1 of 2

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	Jessica Renard 10255 Little Mustary Way Lake Worth, FL 33449
	TALL SE
(Use attachment if necessary)	AHASSEE, F
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	ecific and cannot be more than five business days prior
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. I am 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.)

SICA KENORD

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)