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(Business Entity Name)
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K. SALY EXAMINER NOV 16 2012

## **COVER LETTER**

TO:	Registration So Division of Con			
SUBJI	ЕСТ:	Set it Done Name of Limite	Construction of Liability Company	LLC
The en	closed Articles of	Organization and fee(s) are s	submitted for filing.	
Please	return all correspo	ondence concerning this matte	er to the following:	
	Ro	achel Regar	Name of Person	
			Firm/Company	
	400	3 Capital Ci	MR SE Suite 1	8156
	To	Uahassee Fl	3301 y/State and Zip Code	
	ab	ove - aroundle	Ocols (a) La Moo. Co for future annual report notification)	OM)
For fu	rther information of	concerning this matter, please	call:	
	Racher	Regan	at ( <u>850</u> ) <u>284</u> -O Area Code & Daytime Teleph	
Enclo	sed is a check fo	or the following amount:		
<b>□</b> \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Get it Done Cor (Must end with the words "Limited Liabilit	nstruction LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 Capital Circle SE, Suite 18156 D	50me R T
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another.
Rachel Rec	gan
400 capital Cl Florida street add	rcle SEISUTE 18156 ress (P.O. Box <u>NOT</u> acceptable)
Tallanassee City, Sta	<u>FL 32301</u> te, and Zip
Having been named as registered agent and to a	accept service of process for the above stated limited

Registered Agent's Signature (REQUIRED)

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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Occional Occasion
nyrm	400 Capital circle SE suite 18
(Use attachment if necessary)	·
,	ne date of filing: (OPTION
ffective date is listed, the date mu	ne date of filing: (OPTION st be specific and cannot be more than five busin
LE V: Effective date, if other than the ffective date is listed, the date mu	st be specific and cannot be more than five busin
LE V: Effective date, if other than the frective date is listed, the date mu or 90 days after the date of filing.)	st be specific and cannot be more than five busin
LE V: Effective date, if other than the frective date is listed, the date mu or 90 days after the date of filing.)	st be specific and cannot be more than five busin
LE V: Effective date, if other than the ffective date is listed, the date mu or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five busing
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member o	st be specific and cannot be more than five busin

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

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)