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SECRETARY OF STATE OF THE PER SECRETARY OF S

MAY 07 2014 J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: Telejobs, LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Van Elswyk Name of Person
Telejobs CLC Firm/Company
500 NE Spanish River BlvD #17 Address
Boca Praton FL, 33431 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Lebecca Ciagha at (812)272-3728 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

2661 Executive Center Circle

Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$\simeg \\$25 \text{ Filing Fee \& Certificate of Status} \\$55 \text{ Filing Fee \& Certified Copy} \]

□ \$60 Filing Fee, Certificate of Status & Certified Copy

Tallahassee, Florida 32314

TO:

Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability Company as it appears on the records of the Florida Department of State:	
2.	Jurisdiction of its organization: DE	
3.	Date authorized to do business in Florida: $\frac{4/22}{2013}$	
SI	ECTION II (4-7 complete only the applicable changes)	
4.	New name of the limited liability company: (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")	
FI the or	Fname unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." "LLC.") If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
6.	If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:	
7.	Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	e
	Signature of the authorized representative	=
	Rebecca Ciaglia	APR
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Filing Fee: \$25.00

AF ADD SO SHID: IL

SECRETARY OF DIVIDING

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:05 PM 02/21/2013
FILED 01:05 PM 02/21/2013
SRV 130206114 - 5292205 FILE

STATE OF DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE OF FORMATION

First: The name of the limited liability company is Telejobs, LLC			
Second: The address of its registered office in the State of Delaware is 160 Greentree Drive, Ste.101 in the City of Dover			
Zip code 19904 . The name of its Registered agent at such address is National Registered Agents, Inc.			
Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is")			
Fourth: (Insert any other matters the members determine to include herein.)			
In Witness Whereof, the undersigned have executed this Certificate of Formation this			
day of February , 2013 By:			
- Authorized Person (s) Name: Rebecca Ciaglia			
Name: Repetita Ciadita			