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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECTIETARY OF STATE

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: E-JoBS 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:	
DOUGLAS A. GORODN (Name of Person)	
(Name of Person)	
E-JOB LLC	
(Firm/Company)	150 150 150
1416 4TH ST. WEST (Address)	05 MAY 31 SECRETAR TALLAHASS
(Address)	
PALMETTO FL 3421 (City/State and Zip Code)	OF STATE
For further information concerning this matter, please call:	
Name of Person) Name of Person) Name of Person) (Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Certificate of Status	tus &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
E-JOBS LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1416 4TH ST WEST PALMETTO, FL 34221 PALMETTO, FL 34221
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
DOUGLAS A. GORDON
Name 14/16 47H ST WEST Florida street address (P.O. Box NOT acceptable) PACMENTO FL 34221 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
Registered Agent's Signature

(CONTINUED)

ARTICLE	IV-	Manager(s)	or	Managing	Member	(s)):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag	er	Name and Address:			
"MGRM" = Man		POUBLAS A GORDON THE YEAR ST WEST PALMETTO, FL 342	<u></u>	<u></u> -	
	markana.				. . .
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(Use attachment				05 H	
REQUIRED SIG	GNATURE:	e added if an effective date is requested. A. Company of an entire of a member.	HETARY OF STATE	05 MAY 31 AM 8: 06	五石〇
	(In accordance with section of this document constitution that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	-		-

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)