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(Requestor's Name)

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(City/State/Zip/Phone #)

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WAIT

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MAIL

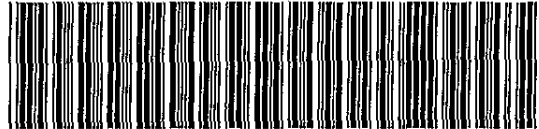
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: \_\_\_\_\_

*Cool Jobs, Inc*

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_

*M. W. Roberts*

Name (Printed or typed)

*Po Box 37917*

Address

*Jacksonville, FL 32236*

City, State & Zip

*904- 781- 8000*

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 19, 2005

M.W. ROBERTS  
PO BOX 37917  
JACKSONVILLE, FL 32236

SUBJECT: COOL JOBS, INC  
Ref. Number: W05000043456

We have received your document for COOL JOBS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram  
Document Specialist  
New Filings Section

Letter Number: 605A00057506

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Cool Jobs, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4601-200 Bulls Bay Highway

Jacksonville, FL 32219

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MAPLING: PO Box 37917

Jacksonville, FL 32236

MARKETING Business & Residential Services

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

M. W. Roberts, Dir, Pres.

PO Box 37917

Jacksonville, FL 32236

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

M. W. Roberts

4601-200 Bulls Bay Highway

Jacksonville, FL 32219

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M. W. Roberts

4601-200 Bulls Bay Highway

Jacksonville, FL 32219

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

M. W. Roberts

Signature/Registered Agent M. W. Roberts

9-25-05

Date

M. W. Roberts

Signature/Incorporator M. W. Roberts

9-25-05

Date