

PG 7000111919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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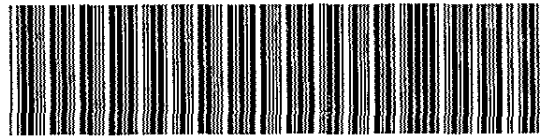
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/10/07--01032--015 **78.75

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07 OCT 10 AM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: Titan 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Matt Roberts

Name (Printed or typed)

1661 Warhawk Lne

Address

Jacksonville, FL 32221

City, State & Zip

904-781-8000 x.102

Daytime Telephone number

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

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:

Titan Jobs, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1661 Warhawk Lane
Jacksonville, FL 32221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

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):

Matt Roberts, Dir
1661 Warhawk Lane
Jacksonville, FL 32221

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Matt Roberts
1661 Warhawk Lane
Jacksonville, FL 32221

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

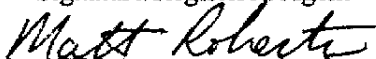
Matt Roberts
1661 Warhawk Lane
Jacksonville, FL 32221

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



Signature/Registered Agent

Date



Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA