

PO9000002470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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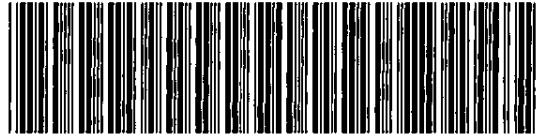
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JAN -9 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 12 2009

COVER LETTER

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

SUBJECT: Employment Advisors 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: Timothy M Blackford

Name (Printed or typed)

8050 Vera Cruz Way

Address

Naples FL 34109

City, State & Zip

239-537-1135

239-776-6668
Daytime Telephone number

SECRETARY OF JUNE
TALLAHASSEE, FLORIDA

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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:

Employment Advisors Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8050 Vera Cruz Way Naples FL 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Employment consulting services to companies

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Timothy M Blackford
President
8050 Vera Cruz Way
Naples FL 34109

ARTICLE VI REGISTERED AGENT

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

Timothy M Blackford
8050 Vera Cruz Way
Naples FL 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy M Blackford
8050 Vera Cruz Way
Naples FL 3410

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

TB u e

Signature/Registered Agent

TB u e

Signature/Incorporator

12/18/08

Date

12/18/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA