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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY -1 2009  
D.A. WHITE

## COVER LETTER

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

SUBJECT: eJobDr. , 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: Gina R. Miller  
Name (Printed or typed)

4215 Placid Drive  
Address

Sarasota, FL 34243  
City, State & Zip

941-360-0330  
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:

eJobDr., INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

4215 Placid Drive  
Sarasota, FL 34243

### **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:

10000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Title: President  
Gina R. Miller  
4215 Placid Drive  
Sarasota, FL 34243

### **ARTICLE VI REGISTERED AGENT**

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

Gina R. Miller  
4215 Placid Drive  
Sarasota, FL 34243

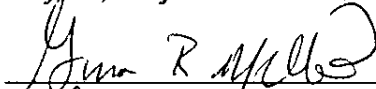

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Gina R. Miller  
4215 Placid Drive  
Sarasota, FL 34243

\*\*\*\*\*

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 Gina R. Miller  
  
\_\_\_\_\_  
Signature/Incorporator  
Gina R. Miller

04/23/09  
\_\_\_\_\_  
Date  
04/23/09  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA