

P1000089170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

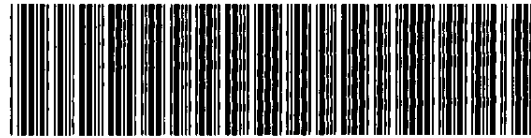
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/29/10--01010--004 \*\*78.75

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2010 OCT 29 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 03 2010

**COVER LETTER**

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

**SUBJECT:** whocanihire.com, 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:** Suzanne E. Morton

Name (Printed or typed)

500 Chapel Hill Blvd.

Address

Boynton Beach, FL 33435

City, State & Zip

561-736-8290

Daytime Telephone number

suzannemortonccg@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32317

2010 OCT 29 AM 10:30

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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: whocanihire.com, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
500 Chapel Hill Blvd  
Boynton Beach, FL 33435

Mailing address, if different is:  
500 Chapel Hill Blvd  
Boynton Beach, FL 33435

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Internet job search directory

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Suzanne E. Morton, PTD  
Address: 500 Chapel Hill Blvd  
Boynton Beach, FL 33435

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Richard T. Wall, D  
Address: 240 SE 23 Avenue  
Boynton Beach, FL 33435

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

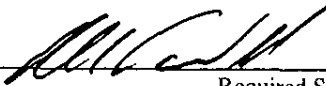
Name: Richard T Wall  
Address: 240 SE 23 Avenue  
Boynton Beach, FL 33435

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Richard T. Wall  
Address: 240 SE 23 Avenue  
Boynton Beach, FL 33435

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/27/2010  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

10/27/2010  
\_\_\_\_\_  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA