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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
BADLY BENT, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

*K 06/30/11*

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

**ARTICLE I NAME** BADLY BENT, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
5120 N.W. 165 STREET, SUITE 103  
MIAMI, FL 33014

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

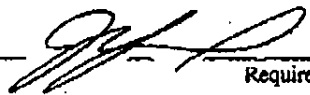
**ARTICLE IV SHARES**  
The number of shares of stock is: 500 @ 1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**  
Name and Title: PRESIDENT-JAMES D. FULFORD Name and Title: \_\_\_\_\_  
Address: 5120 N.W. 165 STREET, SUITE 103 Address: \_\_\_\_\_  
MIAMI, FL 33014  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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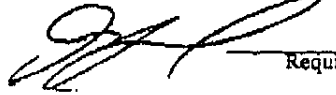
**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: JAMES D. FULFORD  
Address: 5120 N.W. 165 STREET, SUITE 103  
MIAMI, FL 33014

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: JAMES D. FULFORD  
Address: 5120 N.W. 165 STREET, SUITE 103  
MIAMI, FL 33014

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

 \_\_\_\_\_ 6-29-11  
Required Signature/Registered Agent 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.

 \_\_\_\_\_ 6-29-11  
Required Signature/Incorporator Date

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