

PA000035725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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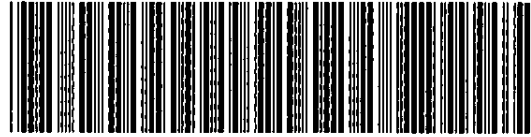
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

**SUBJECT:** **Stink Bear, 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:** **Justin Turner**

Name (Printed or typed)

**14131 Newcastle Ave.**

Address

**Spring Hill, Florida 34609**

City, State & Zip

**(727) 534-8900**

Daytime Telephone number

**justinkturner@gmail.com**

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

**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: Stink Bear, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14131 Newcastle Ave.

Spring Hill, Florida 34609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to develop mobile applications.

**ARTICLE IV SHARES** 5000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Justin Turner, President

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

Address: 14131 Newcastle Ave.

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

Spring Hill, FL 34609

Name and Title: Kevin Wagner, President

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

Address: 1436 Kinsmere Dr.

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

Trinity, FL 34655

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

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

(conti.)

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

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

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Justin Turner

Address: 14131 Newcastle Ave.

Spring Hill, FL 34609

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Justin Turner

Address: 14131 Newcastle Ave.

Spring Hill, FL 34609

*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

4/13/14  
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

4/13/14  
Date

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TALLAHASSEE FLORIDA