

P 15000032734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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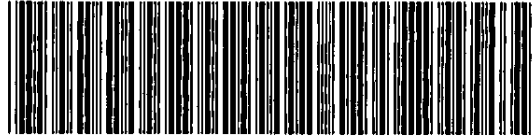
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/15--01010--017 **70.00

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15 APR -6 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 4/10/15

COVER LETTER

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

SUBJECT: **GET BENT 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: **Robert S. Jenkins**

Name (Printed or typed)

2902 1/2 Sunset Dr

Address

New Smyrna Beach FL 32168

City, State & Zip

978-578-0647

Daytime Telephone number

BOB@GETBENT.US

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

SECRETARY OF STATE
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: GET BENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1713 Pinetree Drive

Edgewater FL 32132

Mailing address, if different is:

2902 1/2 Sunset Dr

New Smyrna Beach FL 32168

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Design and sell fishing apparel and accessories on the Internet. Fishing rods & reels too.

GET BENT INC is a Service Disabled Veteran-Owned Small Business (SDVOSB) 100% owned by Robert S. Jenkins, a Former US Marine; we are registered with SAM.

ARTICLE IV SHARES

The number of shares of stock is: 250,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert S. Jenkins; President

Address: 2902 1/2 Sunset Drive

New Smyrna Beach FL 32168

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Robert S. Jenkins

Address: 2902 1/2 Sunset Drive

New Smyrna Beach FL 32168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert S. Jenkins

Address: 2902 1/2 Sunset Drive

New Smyrna Beach FL 32168

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

Robert S. Jenkins

Required Signature/Registered Agent

4-1-15

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.

Robert S. Jenkins

Required Signature/Incorporator

4-1-15

Date

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