

TRANSMITTAL LETTER

P020000099068

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

700007686667--5  
-09/12/02--01023--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Worry Pot, 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: Linda Reece  
Name (Printed or typed)

896 Claydon Way  
Address

Altamonte Springs, Florida 32701  
City, State & Zip

407-678-5825  
Daytime Telephone number

FILED  
02 SEP 12 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

Bm 9/13

## 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:

Worry Pot, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

896 Claydon Way, Altamonte Springs, Florida 32701

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To produce and sell pottery and to offer reflexology services

### ARTICLE IV SHARES

The number of shares of stock is:

1000 no par value

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Linda Reece--President 896 Claydon Way, Altamonte Springs FL 32701

Steve Reece--Vice-President 896 Claydon Way, Altamonte Springs FL 32701

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Linda Reece  
896 Claydon Way  
Altamonte Springs FL 32701

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Linda Reece  
896 Claydon Way  
Altamonte Springs FL 32701

\*\*\*\*\*  
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

Linda Reece  
Signature/Registered Agent

9/10/02  
Date

Linda Reece  
Signature/Incorporator

9/10/02  
Date

FILED  
02 SEP 12 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA