TRANSMITTAL LETTER

P02000099068

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

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-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/mailing 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

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Linda Reece
896 Claydon Way
Altamonte Springs FL 32701

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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