

PO9 000086118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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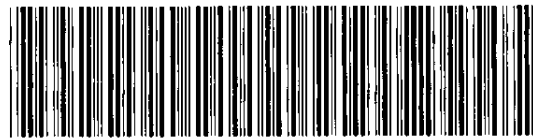
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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1. Shivers OCT 20 2009

## COVER LETTER

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

SUBJECT: Worry Free Events, 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: Jenna Mills  
Name (Printed or typed)

10531 Blue Wing Ct.  
Address

Tall, FL. 32312  
City, State & Zip

850-893-8168  
Daytime Telephone number

millsjenna@ymail.com  
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:

Worry Free Events, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

10531 Blue Wing Ct. Tall, FL. 32312

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To plan stress free events for  
our customers

## ARTICLE IV SHARES

The number of shares of stock is:

2

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jenna Mills, 10531 Blue Wing Ct. Tall, FL. 32312, CEO

Brian Mills, 10531 Blue Wing Ct. Tall, FL. 32312, C

## ARTICLE VI REGISTERED AGENT

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

Jenna Mills  
10531 Blue Wing Ct Tall, FL. 32312

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jenna Mills  
10531 Blue Wing Ct. Tall, FL. 32312

\*\*\*\*\*

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

Jenna Mills

Signature/Registered Agent

Jenna Mills

Signature/Incorporator

10/20/09

Date

10/20/09

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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