

FEB. 23 2010 3:50PM
Division of Corporations

CAPITAL CONNECTION

NO. 7275 P. 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA PROFIT/NON PROFIT CORPORATION

Worry Free Splicing, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

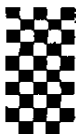
10 FEB 23 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION:40 PM. PAGE 1/001 NO. 7295rv6P. 2



February 19, 2010

FLORIDA DEPARTMENT OF STATE

YOUR CAPITAL CONNECTION, INC.
Division of Corporations

SUBJECT: WORRY FREE SPLICING, INC.
REF: W10000008605

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000037197
Letter Number: 410A00004209

ARTICLES OF INCORPORATION OF

Worry Free Splicing, Inc.

FILED
10 FEB 23 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **Worry Free Splicing, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business of the corporation is **255 SW Worry Free Glen, Fort White, FL 32038.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred and twenty (120) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Teresa A. Swartz, 255 SW Worry Free Glen, Fort White, FL 32038.**

ARTICLE V: OFFICERS AND DIRECTORS

The name and address of the initial Officer and Director of this Corporation is:

Teresa A. Swartz, Secretary, 255 SW Worry Free Glen, Fort White, FL 32038.

Richard J. Swartz, President, 255 SW Worry Free Glen, Fort White, FL 32038.

ARTICLE VI: SPECIAL PROVISIONS

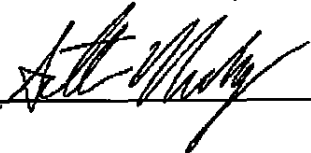
It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VII: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

The undersigned has executed these Articles of Incorporation this 18th day of February 2010.

Your Capital Connection, Inc. by Seth Neeley, Client Representative



FEB. 23. 2010 3:50PM

CAPITAL CONNECTION

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

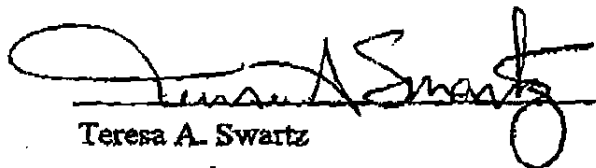
Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is: Worry Free Splicing, Inc.

2. The name and address of the registered agent and office is:

Teresa A. Swartz
255 SW Worry Free Glen
Ft. White, Florida 32038

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



Teresa A. Swartz

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TALLAHASSEE, FLORIDA