

A04000001532

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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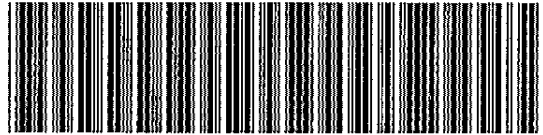
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 901999 82484A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : September 27, 2004

ORDER TIME : 12:02 PM

ORDER NO. : 901999-010

CUSTOMER NO: 82484A

CUSTOMER: Knowlton H. Shelnut, Jr., Esq
Knowlton H. Shelnut, Jr., Esq

Suite 1
1525 S. Florida Avenue
Lakeland, FL 33803

DOMESTIC FILING

NAME: WEEKS FAMILY PARTNERSHIP-I,
LLP *LLP*

EFFECTIVE DATE: 10/01/2004

____ STMT. OF LLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

EFFECTIVE DATE
10/01/04

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILE
SECOND**

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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STATEMENT OF QUALIFICATION FOR FLORIDA
LIMITED LIABILITY PARTNERSHIP

1. The name of the ^{limited} partnership as identified in the records of the Florida Department of State:
WEEKS FAMILY PARTNERSHIP - I, LTD.

Insert ^{limited} partnership's Florida registration number: A04000001532

or

Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named ^{limited} partnership: LLLP
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office:
(if different from current recorded address):

4. The street address of principal office in Florida:
(if different from above)

5. The name and Florida street address of the ^{limited} partnership's agent for service of process:
Ralph W. Weeks

1625 George Jenkins Boulevard

Lakeland

Florida 33815

6. This partnership hereby elects to be a ^{limited} liability partnership.

7. The effective date of this filing shall be:

as of the date this document is filed with the Florida Secretary of State

or

X a date later than the time of filing: October 1, 2004

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 23rd day of September, 2004

Signature of TWO Partners:

Ralph W. Weeks
R. Stephen Weeks

Typed or printed names of partners signing above: Ralph W. Weeks

R. Stephen Weeks

Filing Fee: \$25.00

Certified Copy: (Optional): \$52.50

Certificate of Status Optional): \$8.75

EFFECTIVE DATE
10/1/04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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