

# L-0000000 3625

Holder & Requester Name  
 Address  
 Tallahassee, FL. 32301 425-5686  
 City/State/Zip Phone #

Office Use Only

FILED  
 00 MAR 30 PM 1:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Lake Weeks, LLC (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time 2:00  
☐ Mail out    ☐ Will wait    ☐ Photocopy

- ☒ Certified Copy  
☐ Certificate of Status

L-00-3625

Name	<u>CR330</u>
Availability	
Examiner	<u>CR</u>
Updater	<u>CR</u>
Verifier	<u>CR</u>
Acknowledgement	<u>CR</u>
W. P. Verifier	<u>CR</u>

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

200003190132--3  
 -03/30/00-01070-025  
 \*\*\*\*155.00 \*\*\*\*155.00

RECEIVED  
 00 MAR 30 AM 11:31  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATE  
 TALLAHASSEE, FL 32304

Examiner's Initials	
---------------------	--

LAKE WEEKS, LLC  
ARTICLES OF ORGANIZATION

The undersigned Member of a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, do hereby submit the following Articles of Organization:

ARTICLE I. NAME

The name of the limited liability company shall be Lake Weeks, LLC.

ARTICLE II. DURATION

The period of the Company's duration shall commence on the date of filing of these Articles of Organization and shall exist perpetually, unless terminated in accordance with the Company's operating agreement.

ARTICLE III. PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV. STREET ADDRESS OF PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company shall be:

611 W. Bay Street  
Tampa, FL 33606

ARTICLE V. REGISTERED AGENT

The name and street address of the initial registered agent of the Company in the State of Florida is:

Mr. Galen Custard  
611 W. Bay Street  
Tampa, FL 33606

A written statement as prescribed by the Florida Department of State pursuant to Section 608.415(1)(d), Florida Statutes, is attached to these Articles of Organization.

FILED  
MAR 30 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VI. MANAGEMENT

The Company shall be managed by one or more of its managing members and is, therefore, a member-managed company.

UNDER PENALTIES OF PERJURY, the undersigned representative of a Member has executed these Articles of Organization and certifies that the facts herein stated are true on this \_\_\_\_\_ day of March, 2000.

**SHIMBERG CROSS COMPANY**

Name: 

Title: President

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to Chapter 608.415, Florida Statutes, or other more applicable statute, the following is submitted:

That Lake Weeks, LLC, desiring to organize under the laws of the State of Florida with its initial registered office, as indicated in the Articles of Organization, at 611 W. Bay Street, Tampa, Florida 33606, has named Galen Custard, as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I agree to act in that capacity, to comply with the provisions of the Florida Limited Liability Company Act, and am familiar with, and accept, the obligations of that position, as provided in the Florida Limited Liability Act.

Dated: 03/28/2000

By: Galen Custard

Galen Custard, Registered Agent

TPA1 #1026214 v1

37312-23

00 MAR 30 PM 1:57  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA