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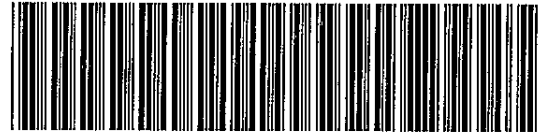
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEEKS FAMILY PROPERTIES - 155, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

K.H. Shelnut, Jr.

(Name of Person)

Attorney

(Firm/Company)

1525 South Florida Avenue, Suite 1

(Address)

Lakeland, FL 33803

(City/State and Zip Code)

For further information concerning this matter, please call:

K.H. Shelnut, Jr.

(Name of Person)

at ( 863 ) 683-7868

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**WEEKS FAMILY PROPERTIES - 155, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, does hereby adopt the following articles of organization:

**ARTICLE I - NAME**

The name of this limited liability company is WEEKS FAMILY PROPERTIES - 155, LLC.

**ARTICLE II - DURATION**

This limited liability company shall have a perpetual existence, commencing on the date of the filing of these Articles.

**ARTICLE III - PURPOSE**

The general purpose of this limited liability company is to engage in any lawful activities for which a limited liability company may be formed under the Florida Limited Liability Company Act.

**ARTICLE IV - POWERS**

This limited liability company shall have the same powers as an individual to do all things necessary to carry out its business and affairs, including, without limitation, all of the powers enumerated in the Florida Limited Liability Company Act.

**ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial principal and registered office of this limited liability company in the State of Florida is 1625 George Jenkins Boulevard, Lakeland, Polk County, Florida 33815, and the mailing address of the principal office of this limited liability company is Post Office Box 3889, Lakeland, Florida 33802-3889. The name of the initial registered agent of this limited liability company at the above street address is Ralph W. Weeks.

**ARTICLE VI - MANAGEMENT**

This limited liability company shall initially be managed by one (1) manager and is, therefore, a manager-managed company. The number of managers may be either increased or diminished (but not below one) from time to time by the operating agreement adopted by this limited liability company. The name and address of the person who shall initially serve as manager until a successor is elected and qualified are as follows:

Ralph W. Weeks

1625 George Jenkins Boulevard  
Lakeland, Florida 33815

**ARTICLE VII - AMENDMENT**

This limited liability company reserves the right to amend, alter, change or delete any provision contained in these Articles of Organization, or any amendment hereto, in the manner now or hereafter prescribed by the Florida Limited Liability Company Act.

**EXECUTED** by the undersigned member of this limited liability company on this 16<sup>th</sup> day of January, 2006.

**WEEKS FAMILY PARTNERSHIP - II, LLLP,**  
a Florida limited liability limited partnership

By:   
**RALPH W. WEEKS, General Partner**

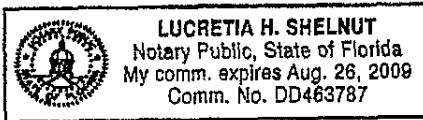
"Member"

STATE OF FLORIDA )

COUNTY OF POLK )

The foregoing Articles of Organization was acknowledged before me on this 16<sup>th</sup> day of January, 2006, by **RALPH W. WEEKS**, as the General Partner of **WEEKS FAMILY PARTNERSHIP - II, LLLP**, a Florida limited liability limited partnership, for and in behalf of said partnership. Ralph W. Weeks either [] is personally known to me or [] produced a current Florida driver's license as identification.

(AFFIX NOTARIAL STAMP  
OR SEAL BELOW)



Sign Name: Lucretia H. Shelnut  
Print Name: Lucretia H. Shelnut  
State of Florida at Large  
My Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, hereby submits the following statement in designating the registered office and registered agent of this company in the State of Florida:

1. The name of this company is **WEEKS FAMILY PROPERTIES - 155, LLC.**
2. The name and Florida street address of the registered agent and registered office of this company are:

Ralph W. Weeks  
1625 George Jenkins Boulevard  
Lakeland, Florida 33815

DATED this 16<sup>th</sup> day of January, 2006.

**WEEKS FAMILY PROPERTIES - 155, LLC**  
a Florida limited liability company

By:   
RALPH W. WEEKS, Manager

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**REGISTERED AGENT ACKNOWLEDGMENT**

Having been named as registered agent and to accept service of process for the above stated company 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 as provided for in Chapter 608, F.S.

DATED this 16<sup>th</sup> day of January, 2006.

  
RALPH W. WEEKS, Registered Agent