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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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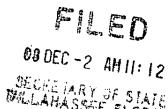


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DFC 2 - 2000

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Weeks Variety (Name of Limited Liabil	d-Work-
(Name of Limited Liabil	lity Company)
The enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	following:
Mark weeks (Name of	Person)
weeks Variety L	Mor K
7569 Maige la	ress)
Tall. 41a 303 (City/State and	d Zip Code)
For further information concerning this matter, please call:	•
Mark Weeks at (8	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer	5.00 Filing Fee & \$160.00 Filing Fee, tified Copy 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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
7569 maige lane Tall Fla 30310	7569 Maige labor

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mar	K Weeks
7569	maige lane
	Florida street address (P.O. Box NOT acceptable)
T511	FL 39310
	City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability 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..

Mark Logical Registered Agent's Signature (REQUIRED)

<u>Title:</u>		Name and Address:
"MGR" = Man		
"MGRM" = M	anaging Member	
morr	γ	Mark Weeks
•	,	7569 maige lane
-		Tall 710 30310
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