

TRANSMITTAL LETTER

Department of State  
Division of Corporation  
P. O. Box 627  
Tallahassee, FL 32314

**P02000111366**

SUBJECT: WEEKS INTERPRISES, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

M. ALI ANSARI

Name (Printed or typed)

2901 CLINT MOORE RD., Ste 403

Address

BOCA RATON FL 33496

City, State & Zip

561-479-3800

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

02 OCT 16 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

0000008236250--0  
-10/07/02--01052--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

*[Handwritten signature]*

*[Handwritten signature]*  
*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 8, 2002

M. ALI ANSARI  
2901 CLINT MOORE RD.  
STE 403  
BOCA RATON, FL 33496

SUBJECT: WEEKS INTERPRISES, INC.  
Ref. Number: W02000029004

We have received your document for WEEKS INTERPRISES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P04000041231.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 002A00056267

*Here is the updated forms. Should you have a  
question, please call me at 561-445-1212.  
Thanks*

# **Articles of Incorporation**

OF

WEEKS INTERNATIONAL INTERPRISES, INC.

The undersigned subscriber to these articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the state of Florida.

## **ARTICLE I - NAME**

The name of the corporation shall be:

WEEKS INTERNATIONAL INTERPRISES, INC.

## **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business/mailing address is:

6382 VIA VENETIA NORTH, DELRAY BEACH, FL 33484

## **ARTICLE III - PURPOSE**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States of America, the state of Florida or any other state, county, territory or nation.

## **ARTICLE IV - SHARES**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having a par value of \$1.00 per share.

## **ARTICLE V - INITIAL OFFICERS/DIRECTORS**

CHARLES M. WEEKS --- PRESIDENT, CEO & DIRECTOR

## **ARTICLE VI - REGISTERED AGENT**

M. Ali Ansari  
Everglades Financial Services, Inc.  
2901 Clint Moore Road, Ste 403  
Boca Raton, FL 33496

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TALLAHASSEE FLORIDA

**ARTICLE VII - INCORPORATOR**

CHARLES M. WEEKS  
6382 VIA VENETIA NORTH  
DELRAY BEACH, FL 33484

**ARTICLE V111 - TERM OF EXISTENCE**

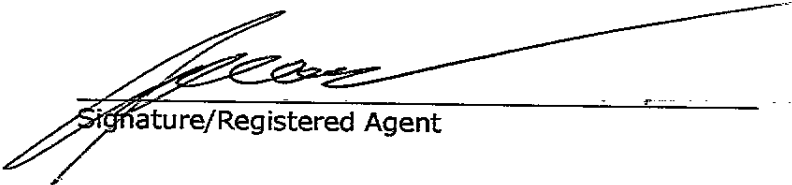
This corporation is to exist perpetually.

**ARTICLE IX - PREEMPTIVE RIGHTS**

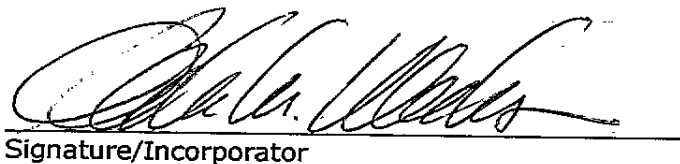
Every shareholder upon the sale for cash or any new stock of this corporation of the same kind, class or series as that which he/she already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

9/16/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/16/02  
\_\_\_\_\_  
Date

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