

P04000015321

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☐ PICK-UP

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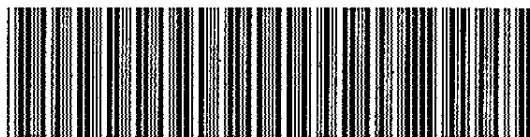
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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P.O.

*[Handwritten signature]*  
1/26/04

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Weeks Sanitation Service, Inc  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Betty J. Weeks  
Name (printed or typed)  
P.O. Box 387  
Address  
Sneads, FL 32460  
City, State & Zip  
850-593-6265  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 16, 2004

BETTY J. WEEKS  
P.O. BOX 387  
SNEADS, FL 32460

SUBJECT: WEEKS SANITATION SERVICE, INC.  
Ref. Number: W04000002401

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

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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  
Document Specialist  
New Filings Section

Letter Number: 704A00003221

RECEIVED  
04 JAN 22 AM 7:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JAN 22 PM 3:59

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Weeks Sanitation Service, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7911 McKeown Mill Road  
P O Box 387  
Sneads, FL 32460

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Betty J. Weeks  
7907 McKeown Mill Road  
Sneads, FL 32460

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Betty J. Weeks - President

P. O. Box 387

Sneads, FL 32460

Robert F. Weeks

Vice President

P. O. Box 387

Sneads, FL 32460

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 day of Jan. 2004.

Betty J. Weeks  
Signature

Robert F. Weeks  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Weeks Sanitation Service, Inc

2. The name and address of the registered agent and office is:

Betty J. Weeks

(Name)

P.O. Box 387

(P.O. Box not acceptable)

Sneads, FL 32460

(City/State/Zip)

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

Betty J. Weeks  
(Signature)

1-7-04  
(Date)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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