

P04000101340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

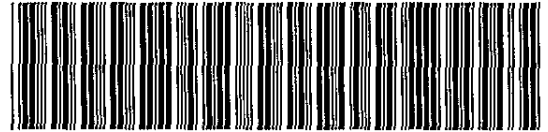
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/20/04--01040--002 **70.00

04 JUL -7 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
04 JUL -7 AM 11:07
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. Weeks Retreat, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input 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

Examiner's Initials

ARTICLES OF INCORPORATION
OF
WEEKS RETREAT, INC.

APPROVED
AND
FILED

04 JUL -7 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporators under the provisions of the laws of the State of Florida, hereby adopt the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is:

WEEKS RETREAT, INC.

ARTICLE II. NATURE OF BUSINESS

This corporation is being organized for the transaction of any and all lawful business permitted under the Florida Business Corporation Act and the laws of the United States.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of capital stock that the corporation is authorized to issue is One Thousand (1,000) shares with a par value of ONE DOLLAR (\$1.00) each. All of the shares are of one class only.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. ADDRESS

The initial post office address of the principal office of this corporation is: 1405 Park Avenue, Suite 102, Fernandina Beach, FL 32034.

ARTICLE VI. DIRECTORS

This corporation shall have three directors initially. The number of directors may be increased or diminished from time to time by by-laws adopted by the stockholders, but shall never be less than one (1).

ARTICLE VII. INITIAL DIRECTORS

The name and post office address of the initial director, who shall hold office for the first year of corporate existence or until their successors are elected or appointed and have qualified are:

<u>DIRECTOR</u>	<u>ADDRESS</u>
Donald Robert Weeks	85258 Amagansett Dr. Fernandina Beach, FL 32034
Kelly W. Mullin	237 Marsh Lakes Dr. Fernandina Beach, FL 32034
John Clifton Weeks	1004 Peachtree Battle Circle Atlanta, GA 30327

ARTICLE VIII. INCORPORATOR

The name and post office address of the incorporator of this corporation is:

Donald Robert Weeks, 1405 Park Avenue, Suite 102, Fernandina Beach, FL 32034.

ARTICLE IX. OFFICERS

The name and post office addresses of the officer who shall hold office for the first year of corporate existence or until his successor is elected or appointed is:

<u>NAME</u>	<u>OFFICE</u>
Donald Robert Weeks	President/Treasurer
Kelly W. Mullin	Vice President/Secretary
John Clifton Weeks	Vice President

ARTICLE X. REGISTERED AGENT

The name and address of the initial registered agent of this corporation is:

Donald Robert Weeks, 1405 Park Avenue, Suite 102, Fernandina Beach, FL 32034.

ARTICLE XI. AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the issued and outstanding stock entitled to vote thereon, unless all the Directors and all the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made. Each and every action required to be voted upon and thereby approved by the stockholders shall be approved by a majority vote of the stockholders.

EXECUTED this 2nd day of July, 2004.


DONALD ROBERT WEEKS, INCORPORATOR

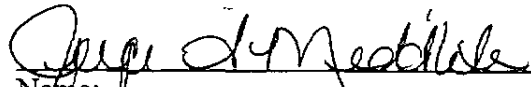
STATE OF FLORIDA

COUNTY OF NASSAU

The foregoing instrument was acknowledged before me this 2nd day of July, 2004, by DONALD ROBERT WEEKS, who is personally known to me or who presented _____ as identification and who did take an oath.



Joyce A. Middleton
My Commission DD217937
Expires August 19 2007



Name:
Notary Public, State of Florida

My Commission Expires:

CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 RETREAT, INC.
2. The name and address if the registered agent and office is:

DONALD ROBERT WEEKS

(Name)

1405 Park Avenue, Suite 102
(P. O. Box not acceptable)

Fernandina Beach, FL 32034

(City/State/Zip)

Signature



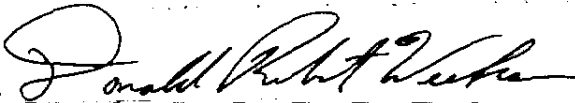
(corporate officer)

Title INCORPORATOR

Date July 2nd, 2004

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.

Signature



DONALD ROBERT WEEKS

Date July 2nd, 2004

Registered Agent Filing Fee: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -7 PM 2:33

APR 2004
AND
FILED