

P05000012427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

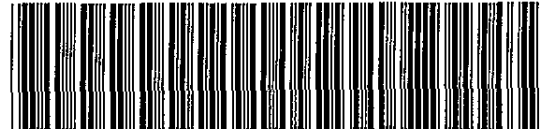
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Certificates of Status _____

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05 JAN 25 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05 JAN 25 PM 3:19

DIAGNOSTIC
DIVISION OF
TALLAHASSEE, FLORIDA
STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Weeks Unlimited 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: West Weeks
Name (Printed or typed)

2696 Choctaw Tr.
Address

MARIANNA, FL 32446
City, State & Zip

850-557-4272
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

WEEKS Unlimited INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2696 Choctaw TR. MARIANNA, FL 32446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting Contractor

ARTICLE IV SHARES

The number of shares of stock is:

100 ERIC Restifo 40 shares West Weeks 51 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ERIC Restifo - Chief Financial Officer / Foreman
West Weeks - President / Owner

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


WEST WEEKS
2696 Choctaw TR. MARIANNA, FL 32446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

West Weeks
2696 Choctaw TR. MARIANNA, FL 32446

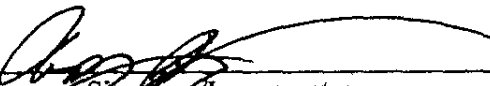
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/25/05

Date



Signature/Incorporator

1/25/05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA