

P16 0000 19211

(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

MAR 02 2016

T. SCOTT



600281801356

02/22/16--01041--001 **70.00

16 FEB 22 AM 8:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Nancy Weeks 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Nancy P. Weeks

Name (Printed or typed)

P. O. Box 685

Address

Homosassa, Florida. 34487

City, State & Zip

352-586-6777

Daytime Telephone number

nancyweeks16@yahoo.com

E-mail address: (to be used for future annual report notification)

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: Nancy Weeks Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10464 West Oliver Street

Homosassa, Fl. 34448

Mailing address, if different is:

P.O. Box 685

Homosassa, Fl, 34487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Do business in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy P. Weeks / President

Address P.O. Box 685

Homosassa, Fl.

34487

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 22 AM 8:33
201

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Margaret Drinkwater

Address: 16578 Old Cheney Hwy.

Orlando, Fl. 32833

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Nancy P. Weeks

Address: P.O. Box 685

Homosassa, Fl. 34487

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 18 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Margaret P Drinkwater February 18 2016
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nancy P Weeks February 18 2016
Required Signature/Incorporator Date