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(City/State/Zip/Phone #)

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(Business Entity Name)

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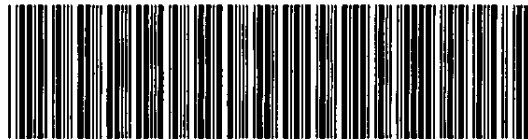
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W07-19761

Office Use Only



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07 APR 27 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WSP
5/1/07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2007

ELIZABETH CLAYTOR
13804 MAPLEDALE AVENUE
WOODBIDGE, VA 22193

SUBJECT: SHADOW PROPERTIES INC.
Ref. Number: W07000019761

We have received your document for SHADOW PROPERTIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000014373 - SHADOW PROPERTIES, LLC.

Please return 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

Letter Number: 607A00027686

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Shadow Properties Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth Claytor
(Name of Person)

(Firm/Company)

13804 Mapledale Avenue
(Address)

Woodbridge VA 22193
(City/State and Zip code)

For further information concerning this matter, please call:

Elizabeth Claytor at (703) 915-6286
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Shadow Properties Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Shadow Properties Inc. of Wyoming
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming 3. 20-8860477
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/15/2004 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13804 Mapledale Avenue
(Principal office address)

Woodbridge VA 22193
(Current mailing address)

8. Real estate
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

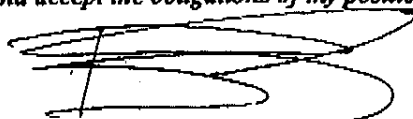
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David Day

Office Address: 2270 Griffin Rd #518
Lakeland, FL 33810 Florida 33810
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Elizabeth (Betty) Claytor

Address: 238

Vice Chairman: _____

Address: _____

Director: Elizabeth Claytor (Betty)

Address: 13804 Mapledale Ave
Woodbridge V

Director: Martin J Claytor

Address: S/A

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Elizabeth Claytor [Signature]

(Signature of Director or Officer listed in number 12 of the application)

14. Elizabeth Claytor MARTIN J. CLAYTOR

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that according to the records of this office,

Shadow Properties, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **June 15, 2004**, comply with all applicable
requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity
identification number **2004-000468919**.

This entity is in existence and in good standing in this office and has filed all annual reports
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has
not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming
on this 20th day of April, 2007 at 8:19 AM. This certificate is assigned 001188321.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and
effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary
of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.