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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

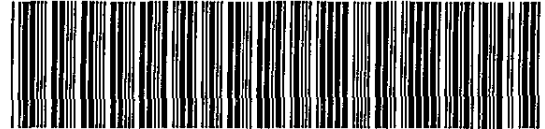
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: BAYSHORE MANAGEMENT PROPERTIES, 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: LAWRENCE + NANCY SCOFIELD
Name (Printed or typed)

1104 ABBEYS WAY
Address

TAMPA, FL. 33602
City, State & Zip

813-229-0545
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:

BAYSHORE MANAGEMENT PROPERTIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**1104 ABBEYS WAY
TAMPA, FL. 33602**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**PURCHASE, RENT OR SELL AND/OR MANAGE, PROPERTIES
(REAL ESTATE)**

ARTICLE IV SHARES

The number of shares of stock is:

AUTHORIZED 10,000 ISSUED 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**NANCY SCOFIELD, PRESIDENT
LAWRENCE SCOFIELD, SECT/TREAS.**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**NANCY SCOFIELD
1104 ABBEYS WAY
TAMPA, FL. 33602**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**FRANK HOAGLUND
TAX EQUITY ASSOCIATES, INC.
176 WEST IRVING PARK ROAD
WOOD DALE, IL. 60191-1340**

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

Nancy Scofield
Signature/Registered Agent

6/30/03
Date

Frank Hoaglund
Signature/Incorporator

6/30/03
Date

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TALLAHASSEE, FLORIDA
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