# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000021987 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : BARTLETT & DEAL, P.A.

Account Number: I20050000139 ·

Phone : (904) 285-5299 \*\*\*

Fax Number

: (904)285-1640

# FLORIDA PROFIT/NON PROFIT CORPORATION

BTC Associates I, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

1/25/2007

· In-minutalaffinasir aya 871-4 800\100.9 A18-T

Jan-25-2007 11:00am

### ARTICLES OF INCORPORATION

OF

#### BTC ASSOCIATES I, INC

I, the undersigned, hereby incorporate for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation of a corporation not for profit.

# ARTICLE I Name

The name of the corporation shall be: BTC Associates I, Inc., 475 W. Town Place, Suite 200, St. Augustine, FL 32092. The mailing address is the same.

# ARTICLE II

# Principal Place of Business

The principal place of business and mailing address shall be: 475 W. Town Place, Suite 200, St. Augustine, FL 32092.

#### ARTICLE III

#### Purpose

The corporation is not formed for pecuniary gain or profit,

-1-

### но7000021987 3

Officers. The specific purposes for which it is formed is to administer the operation and management of the common areas and stormwater drainage systems at the Offices at Bayard Town Center (the "Development") as will be established by recordation of the Declaration of Covenants and Restrictions, (the "Declaration") in the public records of Duval County, Florida.

### ARTICLE IV

### Directors

### Board of Directors

The affairs of the corporation shall be managed and governed by a Board of Directors. The first Board of Directors shall consist of at least three (3) directors, the number of directors for subsequent Boards of Directors shall be as outlined in the Bylaws. The number of directors may be changed by amendment of the Bylaws of the corporation. The members of the Board of Directors shall be elected in accordance with the Bylaws of the corporation.

### ARTICLE V

# Board of Directors

The names and addresses of the persons who are to make up the first Board of Directors are:

-2-

#### H07000021987 3

NAME ADDRESS

Patrick Murphy, President 475 W. Town Place, Suite 200

St. Augustine, FL 32092

Michael Murphy, Vice President 475 W. Town Place, Suite 200

St. Augustine, FL 32092

Edward Herbert, Secretary/Treasurer 475 W. Town Place, Suite 200

St. Augustine, FL 32092

### ARTICLE VI

# Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 135 Professional Drive, Suite 101, Ponte Vedra Beach, Florida 32082 and the name of the initial registered agent of this corporation at that address is Blake F. Deal, III.

# ARTICLE VII

### Incorporator

The name and street address of the Incorporator of these articles of incorporation is as follows:

# NAME ADDRESS

Patrick Murphy 475 W. Town Place, Suite 200 St. Augustine, FL 32092

-3-

#### H07000021987 3

IN WITNESS WHEREOF, the Incorporator has hereunto set his hand

and seal this 10th day of January, 2007.

ick Murphy

STATE OF FLORIDA
COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me by Patrick Murphy who is personally known to me and/or who has produced as identification and who did/did not take an oath, this 1000 day of January, 2007.

Notary Public Printed Name:

My Commission Expired Teor

I hereby accept the designation of registered agent for the above-mentioned corporation at the above-mentioned address, city, and state.

Blake F. Deal, III

STATE OF FLORIDA COUNTY OF St. Johns

The foregoing instrument was acknowledged before me by Blake F. Deal, III, who is personally known to me and/or who has produced as identification and who did/did not take an oath, this 179 day of January, 2007.

Stephanie Burch
Commission # DD424424
Expires May 1, 2009
Sended Tex Pain - Dawronce May 8004857019

STEPHANIE BURCH

Notary Public" Printed Name:

My Commission Expires:

-4-

H07000021987 3

I-814 P.005/005 F-179