# F2300005093

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(Address)
(Address)
(City/State/Zip/Phone #)
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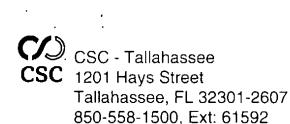
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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 09/01/23

Order #: 1259123-3

Re: Pietra Social Club, Inc. Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195

AUTH:

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Current mailing address, if different)  SEE ATTACHED (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Fig. 2 1201 Hays Street	Maryland   3   (FEI number, if applicable)					
(State or country under the law of which it is incorporated)  6/26/2023 5 Perpetual (Date of Incorporation) (Principal office Street) (P	(Current mailing address, if different)  SEE ATTACHED  Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  (City)  (City)  (Date of duration, if other than perpetual)  (City)  (Current mailing address 617.1501 & 617.1502, F.S. to determine penolty liability.  Alternative address:  Tallahassee  (Current mailing address, if different)  Tallahassee  (City)  Florida  (City)  (City	(If name unav	nilable in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting	g business in Fl	orida)
(Date of Incorporation)  (Date of Incorporation if other than perpetual)  (Date of Incorporation in Incorporation Incor	Composition   Content mailing address, if different	Maryland	•	3.		
(Date of Incorporation)  Upon registration  Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S., to determine penalty liability  701 Maiden Choice Lane, Baltimore, MD 21228  (Principal office street address)  (Current mailing address, if different)  SEE ATTACHED  Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Fine Address: 1201 Hays Street	(Date of Incorporation)  (Date of duration, if other than perpetual)  Upon tegistration  Date first conducted affairs in Florida if prior to registration. See sections 617.1301 & 617.1302. F.S. to determine penalty highlity.  701 Maiden Choice Lane, Baltimore, MD 21228  (Principal office street address)  (Current mailing address, if different)  SEE ATTACHED  Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Table 1201 Hays Street  Tallahassee  (City)  (City)  (Zip Code)	(State or cou			able)	
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(City) (Zip Code)	Registered agent's acceptance:	Purpose(s) of Name and <u>str</u> Name:	corporation authorized in home state or countreet address of Florida registered agent: (P.  Corporation Service Company  1201 Hays Street  Tallahassee	ry to be carried out in the state of Florida  O. Box NOT acceptable)  Florida 32031	TARY OF	
ving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac		Purpose(s) of Name and str Name: fice Address: Registered wing been no inguated in the	corporation authorized in home state or countreet address of Florida registered agent: (P.  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  agent's acceptance:  umed as registered agent and to accept sensis application, I hereby accept the appoint	ry to be carried out in the state of Florida  O. Box NOT acceptable) , Florida   32031  (Zip Code)  rvice of process for the above stated attent as registered agent and agree	TARY OF STATE  AHASSEE, FL  corporation of the to act in this	of the place capacity
ving been named as registered agent and to accept service of process for the above stated corporation at the p ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my d	Purpose(s) of Name and str Name: The Address: Registered ving been noting the street to the street the street to t	corporation authorized in home state or countreet address of Florida registered agent: (P.  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  lagent's acceptance:  smed as registered agent and to accept sensis application, I hereby accept the appoint comply with the provisions of all statute.	ry to be carried out in the state of Florida  O. Box NOT acceptable) , Florida	TARY OF STATE  AHASSEE, FL  corporation of the to act in this	of the places capacity
Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitive agree to comply with the provisions of all statutes relative to the proper and complete performance of my dI um familiar with and accept the obligations of my position as registered agent.  Corporation Service Company  By: Wild January  (Registered agent's signature)	ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my d I um familiar with and accept the obligations of my position as registered agent.  Corporation Service Company	Purpose(s) of Name and str Name: fice Address: Registered wing been no inguated in the other agree to	corporation authorized in home state or countreet address of Florida registered agent: (P. Corporation Service Company  1201 Hays Street  Tallahassee  (City)  agent's acceptance: amed as registered agent and to accept sensis application, I hereby accept the appoint comply with the provisions of all statute air with and accept the obligations of my Corporation Service Company	ry to be carried out in the state of Florida  O. Box NOT acceptable) , Florida	TARY OF STATE  AHASSEE, FL  corporation of the to act in this	at the place capacity.

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]: A. DIRECTORS Michael McCormick **™**Chairman Name: Chairman Name: 2781 Siena Lakes Circle ☐Vice Chairman Address: Address: □Vice Chairman Naples, FL 34109 Director Director □ President **■** President □Vice President □Vice President ☐ Treasurer Treasurer ☐ Secretary ☐ Secretary Other: Other: Kerry Jones Name: Chairman Chairman Name: 701 Maiden Choice Lane Address: ☐Vice Chairman □Vice Chairman Address: Catonsville, MD 21228 Director □ Director ☐ President ☐ President □Vice President ☐ Vice President ☐ Treasurer **■** Secretary ☐ Treasurer ☐ Secretary ☐ Other:\_\_\_\_\_ Other:\_\_\_\_ Other:\_\_\_\_ □Other: \_\_\_\_\_ Kevin Bunn Name: Chairman □ Chairman Name: 701 Maiden Choice Lane □Vice Chairman Address: Address: □Vice Chairman Catonsville, MD 21228 Director ☐ Director □ President □ President □Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary Treasurer Other: Other: Other: □Other:\_\_\_\_ NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing four Florida Department of State Annual Report form. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Kerry Jones. Secretary

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

#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION FOREIGN NOT FOR PROFIT CORPORATION

#### PIETRA SOCIAL CLUB, INC.

### PURPOSE(S) OF CORPORATION AUTHORIZED IN HOME STATE OR COUNTRY TO BE CARRIED OUT IN THE STATE OF FLORIDA

Pietra Social Club, Inc. (the "Club") is a non-profit corporation organized for the purpose of creating a social environment and sense of community for the members of the club, the employees or management and their guests of specifically identified Continuing Care Retirement Communities managed by Erickson Senior Living. In furtherance of this purpose, the Club may obtain and maintain applicable licenses issued by a state agency which controls alcohol regulation, enforcement and safety, authorizing the purchase, storage and service of alcoholic beverages to members of the Club, their families, the employees and their guests. It will be operated as a social organization, exclusively for pleasure and recreation. No part of the net earnings of the Club shall inure to the benefit of any individual member thereof.

# STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PIETRA SOCIAL CLUB, INC. (D24177396), INCORPORATED JUNE 26, 2023, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED. HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 29, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: LQQFSMCd1Em9ukcpmKyePQ To verify the Authentication Code, visit http://dat.maryland.gov/verify