

F23000006473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2023

JEFFREY ROSNER
9197 NW 37 PL
CORAL SPRINGS, FL 33065 US

SUBJECT: BEACHES LEARNING CENTER CORP
Ref. Number: W23000148391

We have received your document for BEACHES LEARNING CENTER CORP and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

[Missing second page of the application that specifies officers/directors.]

See attached missing page now completed

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 123A00025243

Please update records thank you!

RECEIVED
NOV 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beaches Learning Center Corp.
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jeffrey Rosner
Name of Person

Beaches Learning Center Corp
Firm/Company

9197 NW 37 PL
Address

Coral Springs FL 33065
City/State and Zip Code

rosnerjeffrey@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey & Eli Rosner 646 423 0542
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

W23000148391

**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:

1. Beaches Learning Center Corp.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
Beaches Learning Center Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York
(State or country under the law of which it is incorporated)
3. NY EIN # 82-2305201
(FEI number, if applicable)
4. 06/22/2017
(Date of Incorporation)
5. active
(Date of duration, if other than perpetual)
6. NONE in Florida
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 9001 W. Sample Rd Coral Springs FL 33065
(Principal office street address)
9197 NW 37 PL Coral Springs FL 33065
(Current mailing address, if different)
8. educational programs
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Jeffrey Rosner
Office Address: 9001 W. Sample Rd.
Coral Springs, Florida FL 33065
(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.

W23000148391

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Mark A. Polinsky
☐ Vice Chairman Address: 127 E. Beech St
☒ Director Long Beach NY 11561
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Beila Goodman
☐ Vice Chairman Address: 60 W Beech St
☒ Director Long Beach NY 11561
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ethan Weisenberg
☐ Vice Chairman Address: 27 W Beech St
☒ Director Long Beach NY 11561
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jeffrey P. Rosner
☐ Vice Chairman Address: 9197 NW 37 PL
☐ Director Coral Springs FL 33065
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Daniel H. Paggly
☐ Vice Chairman Address: 64 Forester St
☐ Director Long Beach NY 11561
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Daniel H. Paggly
☐ Vice Chairman Address: 64 Forester St
☐ Director Long Beach NY 11561
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ 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 your Florida Department of State Annual Report form.

13. [Signature]
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeffrey P. Rosner
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	BEACHES LEARNING CENTER CORP.
DOS ID Number:	5159280
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/22/2017

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on October 05, 2023 at 02:02 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State