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D O'KEEFE JUL 2 3 2019

COVER LETTER

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

BallenIsles E SUBJECT:	Ouplicate Bridge Club, Inc.		
	(PROPOSED CORPO	ORATE NAME - MUST IN	
\$70.00 Filing Fee	Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate
FROM:	Frances D. Freyman	ne (Printed or typed)	_
	140 Vintage Isle Lane	Address	- - #
	Palm Beach Gardens, FL 33-	418 Ĉity, State & Zip	- Alfordation

561-624-3699

franfreyman@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

19 JUL -1 AM 8: 37

(//) (//)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

4RTICLE I The name of	NAME the corporation shall be: Ballentsles Dupli	icate Bridge Club, Inc.		
<u> 4RTICLE II</u>	PRINCIPAL OFFICE			
100	Principal <u>street</u> address: BallenIsles Circle		Mailing address, if different is:	
Pal	m Beach Gardens			
Flo	rida 33418			
	II PURPOSE for which the corporation is organized is: ive duplicate card play, and to nurture me		of bridge by providing a friendly enviro	
RTICLE V		ECTORS		nittee
I <i>RTICLE V</i> Same and Ti		ECTORS Name and Title	Chuck Schneiderman, M.D., Co-Chair	nittee
<i>RTICLE V</i> Same and Ti	INITIAL OFFICERS AND/OR DIRI tle: Frances Freyman, Co-Chairman	ECTORS	Chuck Schneiderman, M.D., Co-Chair	nittee
RTICLE V	INITIAL OFFICERS AND/OR DIRI Frances Freyman, Co-Chairman 140 Vintage Isle Lane Palm Beach Gardens, FL 33418 Linda Burke, Treasurer	ECTORS Name and Title: Address:	Chuck Schneiderman, M.D., Co-Chair 12 Bermuda Lake Drive Palm Beach Gardens, FL 33418	nittee
Same and Ti	INITIAL OFFICERS AND/OR DIRI Frances Freyman, Co-Chairman 140 Vintage Isle Lane Palm Beach Gardens, FL 33418 Linda Burke, Treasurer	ECTORS Name and Title: Address:	Chuck Schneiderman, M.D., Co-Chair 12 Bermuda Lake Drive	19
Same and Ti	tle: Frances Freyman, Co-Chairman	ECTORS Name and Title: Address: Name and Title: Name and Title:	Chuck Schneiderman, M.D., Co-Chair 12 Bermuda Lake Drive Palm Beach Gardens, FL 33418	
Address Name and Ti	tle: Frances Freyman, Co-Chairman	ECTORS Name and Title: Address: Name and Title: Address:	Chuck Schneiderman, M.D., Co-Chair 12 Bermuda Lake Drive Palm Beach Gardens, FL 33418	19

Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address			
Address			
		_	
	EGISTERED AGENT rida street address (P.O. Box NOT acco	entable) of the registered great is:	
Name:	Linda Burke	spraine for the registered agent is.	19
Address:	161 Sunset Bay Drive Palm Beach Gardens, FL 33418		19 JUL -1
	Palm Beach Gardens, FL.	33418	
			Sign Am
ARTICLE VII II	NCORPORATOR ress of the Incorporator is:		. 31
Name:	Frances Freyman		
Address:	140 Vintage Isle Lane		
	Palm Beach Gardens, FL	33418	
	EFFECTIVE DATE:		
	her than the date of filing: e is listed, the date must be specific at	. (OPTIONAL) nd cannot be more than five days prior or 90	days after the filing.)
	nserted in this block does not meet the a re date on the Department of State's rec	pplicable statutory filing requirements, this date ords.	will not be listed as the
certificate, I am fur	niliar with and accept the appointment of	of process for the above stated corporation as as registered agent and agree to act in this capa	
- g m	Required Signature of Registered	d Agent	$\frac{6-25-19}{\text{Date}}$
I submit this docum		ein are true. I am aware that any false informa	tion submitted in a document
			,125/2019
	Required Signature of Inco	rporator	Date