

MA220000006809

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

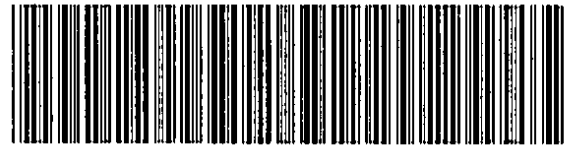
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Re  
Blaker*

2022/05/24 17:12:56

## COVER LETTER

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

SUBJECT: Seaglass Condominium Association, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Sheryl Kass

Name (Printed or typed)

19950 West Country Club Drive, 10th Floor

Address

Aventura, Florida 33180

City, State & Zip

(305) 682-4274

Daytime Telephone number

legalinvoices@fbdev.com

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

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

LLC INTO  
non profit

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida ~~Profit~~ Corporation  
Non Profit

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Corporation in accordance with s. 607.115, Florida Statutes.  
Non Profit 6/7

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Seaglass Condominium Association, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/13/2022  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:  
Seaglass Condominium Association, Inc.

Enter Name of Florida ~~Profit~~ Corporation  
Non Profit

5. If not effective on the date of filing, enter the effective date:     
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 12 day of May, 2022

<sup>Not Profit</sup>  
Required Signature for Florida ~~Profit~~ Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an  
Incorporator: [Signature]

Printed Name: Michael Gilbert Title: Secretary

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Michael Gilbert Title: Secretary

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Seaglass Condominium Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

19950 West Country Club Drive, 10th Floor  
Aventura, Florida 33180

Mailing address, if different is:

19950 West Country Club Drive, 10th Floor  
Aventura, Florida 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Phil Perko Title: P  
Address: 19950 West Country Club Drive  
10th Floor  
Aventura, Florida 33180

Name and Title: Jim Cohen Title: VP, T  
Address: 19950 West Country Club Drive  
10th Floor  
Aventura, Florida 33180

Name and Title: Michael Gilbert Title: S  
Address: 19950 West Country Club Drive  
10th Floor  
Aventura, Florida 33180

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System  
 Address: 1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Gilbert  
 Address: 19950 West Country Club Drive, 10th Floor  
Aventura, Florida 33180

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*

Sandra Zwiack Sandra Zwiack, Assistant Secretary  
 Required Signature of Registered Agent

5/14/2022  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.*

[Signature]  
 Required Signature of Incorporator

05/12/2022  
 Date