

N24000000011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

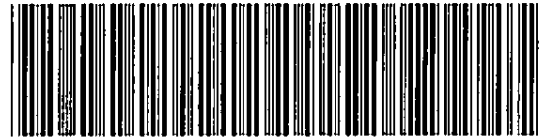
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300420633103

2023

2023

RECEIVED
PROPERTY OFFICE
FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

2023 DEC 27 AM 11:17

RECEIVED



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 12/27/23
Order #: 1358584-1
Re: Sea Breeze Social Club, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
I20000000195

auth:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", written over a horizontal line.

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.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Sea Breeze Social Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
701 Maiden Choice Lane	c/o Erickson Senior Living, LLC - Legal Dept.
Catonsville, MD 21228	701 Maiden Choice Lane
	Catonsville, MD 21228

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sea Breeze 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 alcoholic 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 parts of the net earnings of the Club shall inure to the benefit of any individual member thereof.

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

By written resolution by the board of directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Brad Andrus, President	Name and Title:	
Address	350 Devonshire Way	Address:	
	Palm Beach Garden, FL 33418		
Name and Title:	Melinda Dechert, Secretary	Name and Title:	
Address	701 Maiden Choice Lane	Address:	
	Catonsville, MD 21228		
Name and Title:	Kevin Bunn, Treasurer	Name and Title:	
Address	701 Maiden Choice Lane	Address:	
	Catonsville, MD 21228		

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Corporation Service Company

Address: 1202 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carla B. Ulgen, Esquire

Address: 701 Maiden Choice Lane

Catonsville, MD 21228

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

Alexis Weiland-Jensen, ACP

Required Signature of Registered Agent

_____ 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 s.817.155, F.S.

Carla Ulgen

8704AAEDC7264BC

Required Signature of Incorporator

12/22/2023

_____ Date

2023