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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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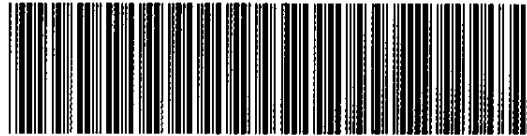
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 28 2011

EXAMINER

HIGH SWARTZ

Attorneys At Law LLP

40 EAST AIRY STREET, P. O. BOX 671, NORRISTOWN, PENNSYLVANIA 19404
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October 26, 2011

Via Federal Express

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization - Eico Labs, LLC

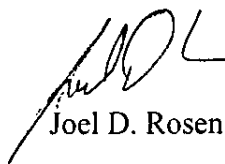
Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization for Eico Labs, LLC along with our check in the amount of \$125.00. Please time-stamp the copy and return it to us in the envelope provided.

If you have any questions, please contact me.

Thank you.

Sincerely,


Joel D. Rosen

JDR/jpe
Enclosures

FILE
OCT 27 2011
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eico Labs, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel D. Rosen, Esq.

Name of Person

HIGH SWARTZ LLP

Firm/Company

400 E. Airy Street, P.O. Box 671

Address

Norristown, PA 19404

City/State and Zip Code

jrosen@highswartz.com

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

For further information concerning this matter, please call:

Joel D. Rosen, Esq.

Name of Person

at (610) 275-0700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eico Labs, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

21 Tioga Way
Marblehead, MA 01945

Mailing Address:

21 Tioga Way
Marblehead, MA 01945

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dr. Barry Sears

Name

1160 SW Chapman Way, #209

Florida street address (P.O. Box **NOT** acceptable)

Palm City FL 34990

City, State, and Zip

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dr. Barry Sears

1160 SW Chapman Way, #209

Palm City, FL 34990

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FIDELITY & MAGNETIC
CORPORATION
FLORIDA

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(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

Dr. Barry Sears

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)