## L15000149247

(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:							



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SECRETARY OF STÁTE TALLAHASSEE, FLORIDA 2017 APR 28 PH 4: 3

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K. SALY MAY ~1 2017

## **COVER LETTER**

TO Registration Section
Division of Corporations

SUBJECT: Ebb Tide Treatment Center, LLC

Dear Sir or Madam:

The enclosed Statement of Authority and \$25.00 filing fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph K. Donovan
Ebb Tide Treatment, LLC
3385 Burns Road, Suite 108
Palm Beach Gardens, FL 33410
idonovan@ebbtidetc.com

For further information concerning this matter, please call our attorney:

Frank S. Ioppolo, Jr. at (407) 936-3645; frankjr@ioppololawgroup.com

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

authority	<i>'</i> : '	•			•	ollowing statement o	f
FIRST:	The name of	of the limited liabil	ity company is: Ebb	b Tide Treat	ment, LLC		_
SECON	D: The Flo.	rida Document Nui	mber of the limited li	ability compan	y is: L15000149	9247	<u> </u>
THIRD:			ted liability company e 108, Palm Be				
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			mited liability compa e 108, Palm Be			INITAPR 28  SECRETARY OF STATE SECRETARY OF FLORIDA  TALLAHASSEE. FLORIDA	, A
position of person or	of a person in the follow	in a company, when	grants or sets limitather as a member, tra	nsferee, manag	er, officer or other	wise or to a specific	
			nted to:				
:			ractions on behalf of,				
	a.						
	b.	No authority gran	nted to:	rlds, Jr.			
	f K	Daoin			seph K. Donov		
Signature	authoriz (هر	ed representative	Filing Fee: Certified Copy	\$25.00	yped or printed nar onal)	ne of signature	

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