

# L17000143574

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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2017 JUN -3 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JEFFREY R. PITTARD** | Counsel

jpittard@sh-law.com

Phone: 201-896-4100 | Fax: 201-896-8660

June 23, 2017

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

**Re: EBSC Associates, LLC**  
**Our File No. 13500.2000**

Dear Sir/Madam:

Enclosed please find an original and one copy of Articles of Organization for Florida Limited Liability Company for EBSC Associates, LLC. Also enclosed please find this firm's check in the amount of \$125.00 representing the filing fee.

Please file same and return the extra copy stamped "Filed" to the undersigned in the enclosed envelope.

Thank you.

Very truly yours,

  
**JEFFREY R. PITTARD**  
For the Firm

JRP/lmm  
Enclosure

2017 JUN -3 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** EBSC Associates, 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:

Jeffrey R. Pittard, Esq.

Name of Person

Scarinci Hollenbeck

Firm/Company

1100 Valley Brook Avenue, P.O. Box 790

Address

Lyndhurst, New Jersey 07071

City/State and Zip Code

jpittard@sh-law.com

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

For further information concerning this matter, please call:

Jeffrey R. Pittard, Esq.

201

896-4100

at (

Name of Person

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**

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

**Street Address**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUN -3 AM 11:11

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EBSC Associates, LLC

(Must contain 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:

675 Hudson Bay Drive  
Palm Beach Gardens, FL 33410

Mailing Address:

c/o Susan M. DiVila  
235 Liberty Street  
Metuchen, NJ 08840

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:

Harvey R. Poc, Esq.

Name

5770 Bridleway Circle

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

Boca Raton

FL

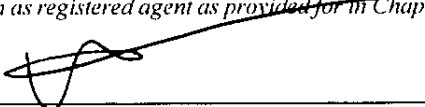
33496

City

State

Zip

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 and 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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2017 JUN -3 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Susan M. DiVila

37 Schoolhouse Road

Clarksburg, NJ 08510

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**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.

**ARTICLE VI:** Other provisions, if any.

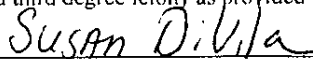
\_\_\_\_\_  
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**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



\_\_\_\_\_  
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)**

FILED  
2016 JUN -3 AM 11:11  
SECRETARY OF STATE  
ALBANY, NY

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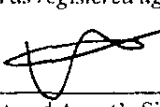
33496

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State

Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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