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| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

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| SUBJECT: | Tempur-Pec | lic Retail, Inc. | | | | | | | | |
| | | | of corpor | ation | - must include s | uffix) | | | | |
| Dear Sir or M | adam: | | | | | | | | | |
| | Existence," | and check are s | | | uthorization to I ister the above t | | | | | |
| Please return s | all correspond | lence concernit | ng this ma | atter to | the following: | | | | | |
| John Davis | | | | | | | | | | |
| | | | (Nam | e of P | erson) | | | | | |
| Tempur-Pedic | Internationa | , Inc. | | | | | | ==== | | |
| | | | (Firm | /Comp | pany) | | | E | 웃 | = |
| 1713 Jaggie F | ox Way | | | | | | | A.r. | | |
| | | | (A | \ddr e s | s) | | | SE | ယ | - |
| Lexington, KY | 40511 | | | | | | | 35 | | hada, |
| | | | (City/St | ate and | d Zip code) | | | | - | Andreaded 3 2 |
| For further information concerning this matter, please call: | | | | | | | | | | |
| John Davis | | : | at (859 | , | 514-4868 | | | | | |
| (Nam | e of Person) | | | ea Co | de & Daytime 7 | relephon | ie Number) | | | |
| Regisi Divisi 409 E | CET ADDRE tration Sectio on of Corpor Gaines St. lassee, FL 32 | n ations | | | Division P.O. Bo | ation Sec | ction porations | | | |
| Enclosed is a | check for the | following amo | unt: | | | | | | | |
| \$70.00 Fili | ng Fee 🛛 | \$78.75 Filing Certificate of | | | 378.75 Filing Fe Certified Copy | ee & | | Filing Fo cate of S ed Copy | tatus & | ŗ. |

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| Retail, Inc. | | | | | |
|---|---|--|---|---|---|
| orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.") | ED, | " "COMPANY," "CORPORATION," | - | | |
| able in Florida, enter alternate corporate n | ine | adopted for the purpose of transacting busi | ness in F | lorida) | |
| , | | | | , | |
| under the law of which it is incorporated) | | (FEI number, if applicable |) | | |
| | 5. | Perpetual | | | |
| of incorporation) | | (Duration: Year corp. will cease to exist | or "perpe | tual") | ' |
| | | | | | |
| | | | | | |
| | /.1: | 502, F.S., to determine penalty hability) | | | |
| | 3.3 | | | | |
| (Principal office | 300 | ress) | | | |
| x Way Lexington, KY 40511 | | | - | | |
| (Current mailing | add | ross) | | È | - |
| Wholesale sales of swedish mattresses and pillows. | | | | | _1 |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | | 3SE | ယ | 1 | |
| et address of Florida registered agent: (| (P.C |). Box <u>NOT</u> acceptable) | T C | 3 | I |
| CT Corporation System | | . | LORI | | - |
| 1200 South Pine Island Rd. | | | ĐΑ | 2 | |
| Plantation | | Florida 33324 | | | |
| (City) | | (Zip code) | | | |
| | orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate natural description of incorporation) (Date first transacted busine (SEE SECTIONS 607.1501 & 60 x Way Lexington, KY 40511 (Principal office x Way Lexington, KY 40511 (Current mailing of swedish mattresses and pillows. c) of corporation authorized in home state of taddress of Florida registered agent: (CT Corporation System 1200 South Pine Island Rd. Plantation | orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name 3. under the law of which it is incorporated) (Date first transacted business in (SEE SECTIONS 607.1501 & 607 | orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co." or "Corp.") able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) x Way Lexington, KY 40511 (Principal office address) x Way Lexington, KY 40511 (Current mailing address) is of swedish mattresses and pillows. c) of corporation authorized in home state or country to be carried out in state of Florida) at address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System 1200 South Pine Island Rd. Plantation Florida 33324 | orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name adopted for the purpose of transacting business in F 3. 20-0798531 under the law of which it is incorporated) (FEI number, if applicable) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual (Duration: Year corp. will cease to exist or "perpetual (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) x Way Lexington, KY 40511 (Principal office address) x Way Lexington, KY 40511 (Current mailing address) x Way Lexington, KY 40511 (Current mailing address) craddress of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System 1200 South Pine Island Rd. Plantation , Florida 33324 | orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 3. 20-0798531 under the law of which it is incorporated) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) x Way Lexington, KY 40511 (Principal office address) x Way Lexington, KY 40511 (Current mailing address) x Way Lexington, KY 40511 (Current mailing address) x Eaddress of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System 1200 South Pine Island Rd. Plantation , Florida 33324 |

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

| A. DIRECTORS | |
|---|---|
| Chairman: | |
| Address: | |
| | / |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | |
| President: | |
| Address: | IAA. |
| 200 | |
| Vice President: |) |
| Address: | SET P |
| | |
| Secretary: | 42 AND |
| Address: | D |
| Treasurer: | |
| | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application | listing additional officers and/or directors. |
| 13. 180 P. Ca | |
| (Signature of Director or Officer listed in numb | per 12 of the application) |
| 14. Jason P. Broyles CFO/ Secretary | |
| (Typed or printed name and capacity of person | on signing application) |

Tempur-Pedic Retail, Inc. EIN # 20-0798531

A. Directors

Director

H. Tom Bryant

Address

3145 Brighton Place Dr. Lexington, KY 40509

Director

Dale E. Williams

Address

2284 Savannah Lane Lexinton, KY 40513

Director

Jason P. Broyles

Address

37 Plantation Dr. Shelbyville, KY 40065

B. Officers

President

David C. Fogg

Address

3085 Paris Rd. Lexington, KY 40511

CFO/Secretary Jason P. Broyles

Address

37 Plantation Dr. Shelbyville, KY 40065

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEMPUR-PEDIC RETAIL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2952169

DATE: 02-25-04

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