

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000002
Phone : (850) 222-1032
Fax Number : (850) 878-5338

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

Solstice Sleep Products, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

T. Burch SEP 26 2011

COVER LETTER:

TO: New Filing Section
Division of Corporations

SUBJECT: SOLSTICE SLEEP PRODUCTS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael A. Mess

Name of Person

SOLSTICE SLEEP PRODUCTS, INC.

Firm/Company

2950 East Broad Street

Address

Columbus, OH 43209

City/State and Zip code

mmess@stagecapital.com

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

For further information concerning this matter, please call:

Michael A. Mess

at (614) 236.3000 ext. 5113

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR A AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SOLSTICE SLEEP PRODUCTS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

(State or country under the law of which it is incorporated)

3. 27-0260413

(FEI number, if applicable)

4. May 26, 2009

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2652 Fisher Road, Suite A, Columbus, OH 43204

(Principal office address)

2950 East Broad Street, Columbus, OH 43209

(Current mailing address)

8. Manufacturing and selling bedding and related products and undertaking related activities

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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.

C T Corporation System

By:

Connie Bryan

(Registered agent's signature)

Connie Bryan

Assistant Secretary

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: David A. Belford

Address: 2950 East Broad Street
Columbus, OH 43209

Vice Chairman: _____

Address: _____

Director: Steve Belford

Address: 2950 East Broad Street
Columbus, OH 43209

Director: Howard Belford

Address: 2950 East Broad Street
Columbus, OH 43209

B. OFFICERS

President: Tom Szczurek

Address: 2950 East Broad Street
Columbus, OH 43209

Vice President: _____

Address: _____

Secretary: Michael Mess

Address: 2950 East Broad Street, Columbus, OH 43209

Treasurer: Laura Carr

Address: 2950 East Broad Street, Columbus, OH 43209

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Michael A. Mess

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SOLSTICE SLEEP PRODUCTS, INC., an Ohio corporation, Charter No. 1859618, having its principal location in Lexington, County of Richland, was incorporated on May 26, 2009 and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 22nd day of September, A.D. 2011*

Jon Husted

Ohio Secretary of State

Validation Number: V2011263SACCAD