

F00000002872

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: STERLING 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", 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: 300003253363--7
LEYDI NUÑEZ -05/15/00-01163-010
(Name of Person) *****78.75 *****78.75

STERLING Sleep Products Inc
(Firm/Company)

P.O. BOX 770425
(Address)

ORlando FL. 32877-0425
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

LEYDI NUÑEZ at (407) 855-7999
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
00 MAY 15 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	Availability
Document Examiner	STREET ADDRESS: DCC
Updater	Qualification/Tax Lien Section Division of Corporations
Updater	409 E. Gaines St.
Verifier	Tallahassee, FL 32399
Acknowledged	Enclosed is a check for the following amount:
W. P. Verifier	Yes \$70.00 Filing Fee

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

☒ \$78.75 Filing Fee & Certificate of Status
☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

F00000002872

**APPLICATION BY FOREIGN CORPORATION FOR 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. STERLING Sleep Products Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-6-99 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. New Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. BOX 770425
ORlando FL 32877-0425
(Current mailing address)

8. _____ sleep Products
(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 or Mail Drop Box NOT acceptable)

Name: LEYDI NUNEZ

Office Address: 11491 Rocket Blvd

Orlando FL 32824, Florida, 32824
(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.

Leydi Nunez
(Registered agent's signature)

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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Leydi Nunez

Address: 11491 Rocket Blvd

Orlando FL 32824

Vice President: SAME

Address: _____

Secretary: SAME

Address: _____

Treasurer: SAME

Address: _____

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

13. Leydi Nunez

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LEYDI NUNEZ

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STERLING SLEEP PRODUCTS, 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 FOURTH DAY OF MAY,
A.D. 2000.

FILED
00 MAY 15 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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001227190


Edward J. Freel, Secretary of State

0418585

AUTHENTICATION:

05-04-00

DATE: