

F01000000943

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIRGIN SLEEP SYSTEMS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-02/14/01--01065--005
*****78.75 *****78.75

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:

MIKE HOPFNER

(Name of Person)

VIRGIN SLEEP SYSTEMS, INC.

(Firm/Company)

3259 COMMERCIAL WAY

(Address)

SPRING HILL, FL 34606

(City/State and Zip code)

For further information concerning this matter, please call:

MIKE HOPFNER

(Name of Person)

at (352) 683-9959

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. VIRGIN SLEEP SYSTEMS, INC.
(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. 59-3640736
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. December 28, 1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3259 COMMERCIAL WAY, SPRING HILL, FL 34606
(Principal office address)
3259 COMMERCIAL WAY, SPRING HILL, FL 34606
(Current mailing address)
8. MARKETING OFFICE
(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: WALTER VIVEIROS
Office Address: 3259 COMMERCIAL WAY
SPRING HILL, Florida 34606
(City) (Zip code)

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TALLAHASSEE FLORIDA

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.

X Walter Viveiros
(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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: WALTER VIVEIROS
Address: 3259 COMMERCIAL WAY
SPRING HILL, FL 34606
Vice Chairman: DWAYNE LOBERG
Address: 3259 COMMERCIAL WAY
SPRING HILL, FL 34606
Director: John WILKINSON
Address: 3259 COMMERCIAL WAY
SPRING HILL, FL 34606
Director: _____
Address: _____

B. OFFICERS

President: WALTER VIVEIROS
Address: 3259 COMMERCIAL WAY
SPRING HILL, FL 34606
Vice President: DWAYNE LOBERG
Address: 3259 COMMERCIAL WAY
SPRING HILL, FL 34606
Secretary: _____
Address: _____
Treasurer: _____
Address: _____

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

13. X Walter Viveiros
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. WALTER VIVEIROS
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

State of Delaware
Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIRGIN SLEEP SYSTEMS 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 SIXTEENTH DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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01 FEB 14 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Harriet Smith Windsor
Secretary of State

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AUTHENTICATION: 0916433

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DATE: 01-16-01