

# F02000004456

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

8/29 FOR CORP

(5)

W02-23982

SUBJECT:

Sleepworks, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

00855-00734-02963-

\$1,150.00

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:

500007168735--9  
-08/16/02--01049--010  
\*\*\*70.00 \*\*\*70.00

Martha C. Dong

(Name of Person)

Sleepworks, Inc.

(Firm/Company)

4343 Shallowford Rd, C-3A

(Address)

Marietta, GA 30062

(City/State and Zip code)

For further information concerning this matter, please call:

500007168735--9  
-08/29/02--01025--024  
\*\*\*1150.00 \*\*\*1150.00

Martha C. Dong

(Name of Person)

at (770) 518-8500

(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

FILED  
02 AUG 29 AM 9:09  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 19, 2002

MARTHA C. DONG  
SLEEPWORKS, INC.  
4343 SHALLOWFORD RD., C-3A  
MARIETTA, GA 30062

SUBJECT: SLEEPWORKS, INC.  
Ref. Number: W02000023982

We have received your document for SLEEPWORKS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 502A00048748

**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. Sleepworks, 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. Georgia 3. 58-2222609  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/1/96 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 9/1/01  
(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. 2760 U.S. 1 South Street, St. Augustine, FL 32086  
(Principal office address)
- 4343 Shallowford Rd, C-3A, Marietta, GA 30062  
(Current mailing address)
8. we diagnose sleep disorders and sell durable medical equipment  
(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: CT Corporation System
- Office Address: 1200 South Pine Island Rd  
Plantation, Florida 33324  
(City) (Zip code)

FILED  
22 AUG 29 AM 9:09  
CLERK OF STATE  
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.*



**Allan Farnell, Vice President**

(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: John Nord

Address: 1150 Lake Hearn Drive, #640, Atlanta, GA 30342

Vice Chairman: Roy L. Hathcock

Address: 4343 Shallowford Rd, #C-3A  
Marietta, GA 30062

Director: Rich Ballard

Address: 1150 Lake Hearn Drive, #640, Atlanta, GA 30342

Director: Matt Mellott

Address: 1150 Lake Hearn Drive, #640, Atlanta, GA 30342

B. OFFICERS

President: Roy L. Hathcock

Address: 740 Cooper Sandy Cove  
Alpharetta, GA 30004

Vice President: A. Kevin Smith

Address: 4343 Shallowford Rd, #C-3A  
Marietta, GA 30062

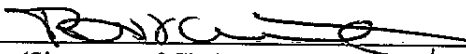
Secretary: L. Mike Permenter

Address: 4343 Shallowford Rd, C-3A, Marietta, GA 30062

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Roy L. Hathcock, CEO  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 022200405  
CONTROL NUMBER : K608316  
DATE INC/AUTH/FILED: 03/01/1996  
JURISDICTION : GEORGIA  
PRINT DATE : 08/08/2002  
FORM NUMBER : 211

SLEEPWORKS, INC.  
MARTHA C. DONG  
4343 SHALLOWFORD RD., C-3A  
MARIETTA, GA 30062

**CERTIFICATE OF EXISTENCE**

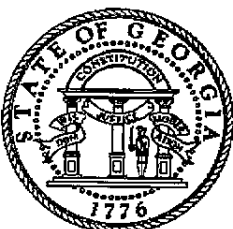
I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**SLEEPWORKS, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox  
Secretary of State