

F03000001672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

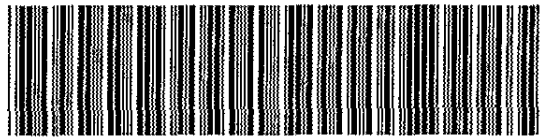
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200012567992

02/21/03--01122--004 \*\*87.50

BPC

FILED  
03 APR -3 AM 8:38  
SEALING STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 24, 2003

ZEEV HELFER  
SLEEP SCREEN INC.  
23257 STATE ROAD 7, SUITE 209-B  
BOCA RATON, FL 33428

SUBJECT: SLEEP SCREEN INC.  
Ref. Number: W03000005343

FILED  
03 APR -3 PM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SLEEP SCREEN INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$87.50 payment.

We cannot accept the Certified Copy of your Corporate Amendment.

The New York certificate that you have to send us is called a GOOD STANDING CERTIFICATE or a STATUS CERTIFICATE. It is a 1 page certificate issued by the New York Secretary of State.

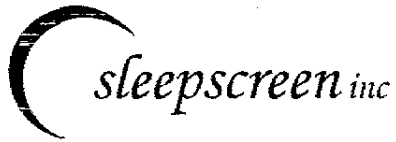
An example of this certificate is enclosed.

Please return your document, along with 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) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 003A00011836



FILED  
03 APR -3 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 1, 2003

Florida Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Ref. Number W03000005343

Attached you will find a copy of the letter that I received from your Department that informed me of the proper document needed to file with the State of Florida. I have also enclosed the original certificate of good standing that I received from the state of NY.

If you have any questions please contact me at 561-470-0822.

Sincerely,

A handwritten signature in cursive script that reads "Michele Frohn".

Michele Frohn

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLEEP SCREEN INC  
(Name of corporation - must include suffix)

FILED  
03 APR -3 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

ZEEV HELPER  
(Name of Person)  
SLEEP SCREEN INC  
(Firm/Company)  
23257 STATE ROAD 7 SUITE 209 B  
(Address)  
BOCA RATON FL 33428  
(City/State and Zip code)

For further information concerning this matter, please call:

ZEEV HELPER at ( 561 ) 470-0822  
(Name of Person) (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

**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. SLEEP SCREEN 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. NEW YORK 3. 16-167334  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08-21-02 5. PERPETUUM  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. OCTOBER 1, 2002  
(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. 211 E 43 RD ST Suite 909 NY NY 10017  
(Principal office address)
- 23257 STATE ROAD 7 Suite 209 B BOCA RATON FL 33428  
(Current mailing address)
8. ADMINISTRATIVE 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: ZAV HELF
- Office Address: 23257 STATE ROAD 7 Suite 209 B  
BOCA RATON, Florida 33428  
(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.*

  
(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: ZEV HALPERN

Address: 23257 STATE ROAD 7 SUITE 209 B

BOCA RATON FL 33428

Vice Chairman: \_\_\_\_\_

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

Director: ARIS COWEN

Address: 23257 STATE ROAD 7 SUITE 209 B

BOCA RATON FL 33428

Director: \_\_\_\_\_

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

B. OFFICERS

President: ZEV HALPERN

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

Vice President: ARIS COWEN

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

Secretary: ZEV HALPERN

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

Treasurer: ARIS COWEN

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

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

13. Z. Halpern

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

14. ZEV HALPERN (PAC)

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

FILED  
03 APR -3 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



State of New York  
Department of State | ss:

I hereby certify, that the Certificate of Incorporation of SLEEP SCREEN INC. was filed on 08/21/2002, under the name of SLEEP SOLUTION, INC. with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment SLEEP SOLUTION, INC., changing its name to SLEEP SCREEN INC., was filed 10/28/2002.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 25th day of March  
two thousand and three.

  
  
Secretary of State

200303260418 118

03 APR -3 AM 8:38

FILED