# F03000002387

(Re	questor's Name)	
•		
(Ad	dress)	
		··
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		3/13
	Office Lice Onl	- JUSA



400017920314

05/12/03--01097--001 \*\*87.50

MLLANSCE IN 18 US

03 MAY 12 PM 1: I

#### TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: TEMPUR-MEDICAL, INC.	•	
(Name of	corporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A Existence", and check are submitted to register the above		
Please return all correspondence concerning this matter t	o the following:	
JOHN C. DAVIS, JR., CPA		
(Na	me of Person)	
TEMPUR-MEDICAL, INC.	<u></u>	
(Fir	m/Company)	
1713 JAGGIE FOX WAY		For C
	(Address)	<u> </u>
LEXINGTON, KY 40511		A T
(City/St	tate and Zip code)	7 N
For further information concerning this matter, please ca	II:	PH 1: 09
JOHN C. DAVIS, JR., CPA at	859-514-4868	<del></del>
(Name of Person) (Area Co	ode & 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	X \$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.

١.		EDICAL, INC.							
		oration; must include the word "INCORPOR							
		viations of like import in language as will cl			it is a corpo	ration inste	ad of a		
	natural person	or partnership if not so contained in the nam	ie at	present.)					
_			_						
2.	KENTUCKY		3.	<u>31-1491</u>		1 - 6		`	
	(State or count	ry under the law of which it is incorporated)			(FEI n	umber, if ag	plicable	e)	
	1 /1 /1000		_	נשמת ממת	· T N T				
4.	1/1/1997	(Date of incorporation)	٥.	PERPETU	n: Year cor	n mrill onnoc	to evid	or "n	arnetuel"\
		(Date of incorporation)		(Duratio	in: rear cor	p. will cease	: to exist	от р	erpetuar )
6.	TIDON OITA	LIFICATION							
υ.		sacted business in Florida. If corporation ha	s not	transacted b	usiness in FI	orida, inser	"unon	oualifi	cation.")
	(Date Hist Hat.	(SEE SECTIONS 607.150					. цроп	4	•
		<b>,</b>	,		,	,	$\Xi_{c}$	_	
7.	1713 JAG	GIE FOX WAY LEXINGTON KY	405	511	•			$\mathcal{Z}$	
•				ce address)			1.4	35	and and
		•		,			ASE.	~<	2 3
	SAME AS	PRINCIPAL		~		· <del></del>	<u> </u>	2	ok karen Z
		(Current i	naili	ng address)			į.	PH	in
								<b>=</b>	
8.	RETAIL A	ND WHOLESALE SALES OF SWE	DIS	SH MATTR	RESSES A	ND PIL	<u>LOŴS</u>		
	(F	Purpose(s) of corporation authorized in home	state	e or country t	o be carried	out in state	of Flori	d <b>€</b>	
							44 44		
9.	Name and st	<u>reet address</u> of Florida registered agent	: (P.	O. Box or M	Mail Drop B	ox <u>NOT</u> a	cceptab	le)	
	Name:	CT CORPORATION SYSTEM		<u> </u>					
		· · · · · · · · · · · · · · · · · · ·							
Of	fice Address:	1200 SOUTH PINE ISLAND R	D.						
		PLANTATION		,	Florida	33324	<u> </u>		
		(City)				(Zip code	<b>a</b> )		

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)
ACSISTANT GEORGEOTY

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.

STF FL32376F

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

A. DIRE	CCTORS	
Chairman:		
Address:		
Vice Chair	man:	
Director:	ROBERT B. TRUSSELL, JR.	
	248 HOLIDAY RD.	
11001035.	LEXINGTON, KY 40502	
	JEFFREY P. HEATH	
Address:	551 GINGER MILL RD.	
	LEXINGTON, KY 40509	03
B. OFFI	ICERS .	A 385
President:	JOEL F. GUERIN	1.1. 1 2. 1 2. 1 2. 1 2. 1 2. 1 2. 1 2.
Address:	118 STOURBRIDGE RD.	1 2 3
	VERSAILLES, KY 40383	
Vice Presi	dent:	
Address:		
riddicss.	·	
		-
Secretary:	JEFFREY T. LILLICH	
Address:	3332 LYON DR. LEXINGTON, KY 40513	
Treasurer:		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional c	officers and/or directors.
13.	Jul Pinas	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 1	2 of the application)
14. <u>JOE</u>	LL F. GUERIN - PRESIDENT	
	(Typed or printed name and capacity of person signing appli	cation)



## John Y. Brown Secretary of State

#### **Certificate of Existence**

I, John Y. Brown, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

#### TEMPUR-MEDICAL, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is January 1, 1997 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7th day of May, 2003.



John Y. Brown III

John Y. Brown III
Secretary of State
Commonwealth of Kentucky
mstratton/0426283