# -970000005603

TO: Qualification/Tax Lien Section Division of Corporations

| SUBJECT: UNITED STATES MATTRESS, 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 references foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following:  |
| Larry J. Thorson  (Name of Person)   |
| ACKLEY, KOPECKY & KINGERY  |
| (Firm/Company)   |
| P. O. Box 75062 (Address)  |
| Cedar Rapids, IA 52407-5062  |
| (City/State/Zip)   |
| 900023279599 -10/23/9701063005 *****78.75 *****78.75   |
| Larry J. Thorson at ( 319 ) 364-2463   |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
|  |

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### MAILING ADDRESS:

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

## 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. UNITED   | STATES MATTRESS, INC.  |  |  |                      |                 |
|---|--|--|--|----------------------|-----------------|
| (Name of corpor<br>abbreviations of l<br>person or partne   | ation: must include the word "INCORPOI ike import in language as will clearly indirship if not so contained in the name at present the law of which it is incorporated)  7 [Incorporation]  7 [Incorporation]  OW. Sample  grate, FL 33063 | RATED", "COMPA cate that it is a corpo esent.) | NY","CORPORATION"<br>oration instead of a nature | or words             | or              |
|   |  | i .  |  |                      |                 |
| <b>2</b> Tow  | a  | 3 6  | 39-1876192                                       |                      |                 |
| 2. Low-   | ander the law of which it is incorporated)   | J  | (FEI number, if applica                          | ble)                 |                 |
|   |  |  |  |                      |                 |
| 4 1-22-9  | 7  | . 5.   | perpetual  |                      |                 |
| (Date of  | Incorporation)   | (Duration: Year                                | согр. will cease to exist                        | or "perpetu          | al"是            |
| 6   | 7-15-97  | •  |  | 7 00                 | 18              |
| O. Date first tra   | insacted business in Florida. (SEE SECTION   | rs 607.1501, 607.15                            | 02, AND 817.155, F.S.)                           | - 극                  | 22              |
| `   |  |  |  | <i>\</i> 3           | 92<br>₹         |
| 7. 5670   | IJ Sample .  |  |  | -0                   | 2€              |
| /   | 7 W. Dampie  | ·  | ·  | <del></del>          | <del>- 중유</del> |
| V   |  |  |  | င္မာ                 | RS.             |
| Marg  | grate, FL 33063<br>(Current maili  |  |  | <u> </u>             | 37              |
|   | (Current maili   | ng address)                                    |  |                      | ₹               |
|   |  |  |  |                      |                 |
|   |  |  |  |                      |                 |
| 8. transacti  | on of any or all lawful bus  | iness  |  |                      |                 |
| 8. transacti<br>(Purpose(s) of cor<br>Florida)  | on of any or all lawful bus<br>poration authorized in home state or coun   | iness<br>ry to be carried out                  | in the state of                                  | <del></del>          |                 |
| (Purpose(s) of cor<br>Florida)  9. Name and str<br>acceptable)                                    | on of any or all lawful bus<br>poration authorized in home state or count<br>reet address of Florida registered<br>Michael Emerson   | ry to be carried out                           |  | ox <u>NOT</u>        |                 |
| (Purpose(s) of cor<br>Florida)  9. Name and str<br>acceptable)  Name: _                           | poration authorized in home state or count<br>eet address of Florida registered<br>Michael Emerson   | ry to be carried out  l agent: (P.O. I         |  | ox <u>NOT</u>        |                 |
| (Purpose(s) of cor<br>Florida)  9. Name and str<br>acceptable)  Name: _                           | poration authorized in home state or count   | ry to be carried out  l agent: (P.O. I         |  | ox <u>NOT</u>        |                 |
| (Purpose(s) of cor<br>Florida)  9. Name and str<br>acceptable)  Name: _                           | poration authorized in home state or count<br>eet address of Florida registered<br>Michael Emerson   | ry to be carried out  l agent: (P.O. I         |  | эх <u><b>NOT</b></u> |                 |
| (Purpose(s) of cor<br>Florida)  9. Name and str<br>acceptable)  Name: _                           | reet address of Florida registered  Michael Emerson  5670 W. Sample  | ry to be carried out                           | Box or Mail Drop Bo                              | ox <u>NOT</u>        |                 |
| (Purpose(s) of cor<br>Florida)  9. Name and str<br>acceptable)  Name:  Office Address:            | reet address of Florida registered  Michael Emerson  5670 W. Sample  Margrate,   | ry to be carried out                           | Box or Mail Drop Bo                              | ox <u>NOT</u>        |                 |
| (Purpose(s) of cor Florida)  9. Name and stracceptable)  Name:  Office Address:  10. Registered a | reet address of Florida registered  Michael Emerson  5670 W. Sample  | ry to be carried out  l agent: (P.O. I         | Box or Mail Drop Box 33063                       |                      |                 |

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: OMPANO Vice Chairman: Address: -MERSON 188. Director: LAKE 1100 - YRSTAL Address: \_ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Secretary: on PANO 3 3064 Address: 1100 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



No. 00081954 Date: 10/06/1997

### 490 DP-00020 SECRETARY OF STATE

ACKLEY, KOPECKY & KINGERY ATTN; LARRY THORSON P O BOX 75062 CEDAR RAPIDS, IA 52407-5062

CERTIFICATE OF EXISTENCE

Name: UNITED STATES MATTRESS, INC.

Begin date: 19970122 Expiration: PERPETUAL

I, PAUL D. PATE, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa business corporation act have been paid by the corporation, that the most recent annual corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.



Sant D. Take

SECRETARY OF STATE

