

L00000004901

April 19, 2000

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

300003216793-1
-04/20/00-01013-011
****125.00 ****125.00

Re: Miralux Sleep Products (West), Inc.

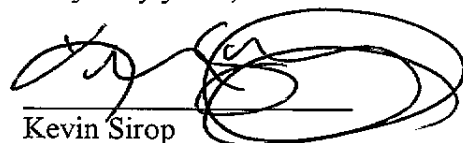
Dear Sir or Madam:

Enclosed please find Articles Of Organization for Miralux Sleep Products (West), LLC. Enclosed also please find a check in the amount of \$125.00 for the filing fee and for the Designation Of Registered Agent.

Our telephone number is (954) 977-3094 and our return address is 730 W McNab Road, Fort Lauderdale, Fl. 33309.

Thank you for your attention to this matter.

Very truly yours,



Kevin Sirop
Treasurer/General Counsel

FILED
00 APR 20 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-4901

Name	CE
Availability	CE
Document	CE
Examiner	CE
Updater	CE
Modulator	CE
Verifier	CE
Acknowledgment	CE

Mr. D. Verifier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miralux Sleep Products (West). LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

730 West McNab Road

Fort Lauderdale, FL. 33309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

KEVIN M. SIROP

Name

730 W. MCNAB ROAD

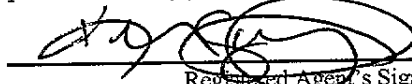
Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE, FL. 33309

City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NEIL ELLMAN

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)