

L010000005297

Denise D. Humphrey
P.O. Box 851
Woodville, Florida 32362
850-421-3949

April 5, 2001

Florida Department of State
Registration Section, Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR -5 PM 1:57

APPROVED
AND
FILED

To whom it may concern,

This is the information that is requested to be submitted along with the Articles of organization and the check,

My name is Denise D. Humphrey. My address is P.O. Box 851 Woodville, Florida, 32362, and my daytime Phone number is 850-421-3949

Box 851
49

Thanks,

Denise

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sleepy Time Oxymentry, Ltd. Co.

ARTICLE II - Address:

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

MAILING - P.O. Box 851 Woodville, FL 32362

2716 N. Natural Wells Drive, Woodville, FL 32362

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

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

Denise D Humphrey
Name
2716 N. Natural Wells Dr.
Florida street address (P.O. Box NOT acceptable)
Woodville FL 32362
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Denise D Humphrey
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)

Denise D Humphrey
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.)

Denise D Humphrey
Typed or printed name of signer

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)