

# L03000017039

N. Scott Novell

(Requestor's Name)

834 N. Westmoreland Dr.

(Address)

Orlando, FL 32804

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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03 MAY 12 PM 4:23  
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 28, 2003

N. SCOTT NOVELL  
834 N. WESTMORELAND DR  
ORLANDO, FL 32804

SUBJECT: SLEEPTRONICS, LLC  
Ref. Number: W03000011994

We have received your document for SLEEPTRONICS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

There is a balance due of \$25.00.

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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 403A00025660

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Sleeptronics, LLC

**ARTICLE II - Address:**

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

834 N. Westmoreland Dr.  
Orlando, FL 32804

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

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

N. Scott Novell  
Name

834 N. Westmoreland Dr.

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

Orlando FL 32804

City, State, and Zip

*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.*

N. Scott Novell

Registered Agent's Signature

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

N. Scott Novell

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.)

N. Scott Novell

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)

FILED  
03 MAY 12 PM 4:53  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF ORANGE, FLORIDA