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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Goodnight Sleight LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX AUDIT # H060002618263

**ARTICLES OF ORGANIZATION
OF
Goodnight Sleptight LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Goodnight Sleptight LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 606 Eagle Drive, Delray Beach, Florida 33444.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Lori Fertel, 606 Eagle Drive, Delray Beach, Florida 33444. Located in the County of Palm Beach.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2043.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Lori Fertel, 606 Eagle Drive, Delray Beach, Florida 33444


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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FAX AUDIT # H030002678263

FAX AUDIT #

1030002678263CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Goodnight Sleepight LLC**

The name and address of the registered agent and office is: Lori Fertel, 606 Eagle Drive,
Delray Beach, Florida 33444. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature:


Lori Fertel

Date: August 29, 2003

FAX AUDIT #

1030002678263