Division of Corporations 40000139 Pag 1 of A

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000045063 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNER

Account Number : 119980000057 Phone : (850)973-4186 Fax Number

: (850)973-8564

\*\*Enter the email address for this business entity to be used for future! annual report mailings. Enter only one email address please,

|       |          |      |      |      | ,    |
|-------|----------|------|------|------|------|
| Rmail | Address: |      |      |      | -    |
|       |          | <br> | <br> | <br> | <br> |

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DREAM TIME SLEEP PROPERTIES, LLC

| Certificate of Status | 0       |  |  |
|-----------------------|---------|--|--|
| Certified Copy        | 0       |  |  |
| Page Count            | 09      |  |  |
| Estimated Charge      | \$25.00 |  |  |

Electronic Filing Menu

Corporate Filing Menu

T. Bursh Fell-DA 2000



February 23, 2015

#### FLORIDA DEPARTMENT OF STATE

DREAM TIME SLEEP PROPERTIES, LLC Division of Corporations 24087 TWISTER LANE BROOKSVILLE, FL 34602US

SUBJECT: DREAM TIME SLEEP PROPERTIES, LLC

REF: L04000013951

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please only resubmitt the Artiles of Amendement or Amend and Restated Articles, not both.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

FAX Aud. #: H15000045063 Letter Number: 815A00003699

# AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF DREAM TIME SLEEP PROPERTIES, LLC

The undersigned subscribers to these Amended and Restated Articles of Organization, natural persons, competent to contract, and being the sole and only members of DREAM TIME SLEEP PROPERTIES, LLC, hereby execute these Amended and Restated Articles of Organization for the purpose of changing the existing Articles of Organization of this limited liability company, under the laws of the State of Florida.

#### ARTICLE I.

The name of this limited liability company is DREAM TIME SLEEP PROPERTIES.

LLC.

ARTICLE II.

ARTICLE III.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 4075 Mariner Blvd., Spring Hill, Florida 34609.

## ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is Barbara Kohler, 24087 Twister Lane, Brooksville, Florida 34602.

### ARTICLE V.

#### ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

#### ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the manager is BARBARA KOHLER, who shall have the right and authority to manage this limited liability company without consent from the members.

IN WITNESS WHEREOF, the undersigned members have hereunto set their hands and seals this \_\_\_\_\_\_\_\_, 2015.

STATE OF FLORIDA

COUNTY OF Hernando

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared BARBARA KOHLER, as a member of DREAM TIME SLEEP PROPERTIES, LLC, before me known to be the persons described as the member in, and who executed the foregoing Amended and Restated Articles of Organization, and acknowledged before me that she subscribed to these Amended and Restated Articles of Organization.

WITNESS my hand official seal in the County and State named above this

Abruary, 2015.

Notary Public

My Commission Expires: 5/7/18

DAWN M REED
MY COMMISSION #FF120672
EXPIRES May 7, 2018
PhotosnotaryService.com

DREAM TIME SLEEP PROPERTIES, E

BY: Clipateth Ishlee
ELIZABETH KOHLER, Member

15 FEB 23 PM 4: 05

OF STATE
TABLAHASSEE. FLORID

STATE OF FLORIDA

COUNTY OF Hernando

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared ELIZABETH KOHLER, as a member of DREAM TIME SLEEP PROPERTIES, LLC, before me known to be the persons described as the member in, and who executed the foregoing Amended and Restated Articles of Organization, and acknowledged before me that she subscribed to these Amended and Restated Articles of Organization.

WITNESS my hand official seal in the County and State named above this 27th day of

7 baury, 2015.

Notary Public

My Commission Expires: 5/7/18

DAWN M REED
MY COMMISSION #FF120672
EXPIRES May 7, 2018
Fibridantian/Service.com

mleu

## CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 605, Florida Statutes, the following is submitted:

DREAM TIME SLEEP PROPERTIES, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 4075 Mariner Blvd., Spring Hill, Florida 34609, names BARBARA KOHLER, whose address is 24087 Twister Lane, Brooksville, Florida 34602, and whose street address is 24087 Twister Land, Brooksville, Florida 34602, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

DREAM TIME SLEEP PROPERTIES, LLC

By: Barbara Kodler
BARBARA KOHLER, Member and Manager

Dated: 100 9 \_\_\_\_, 2015

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.

Barbara Kohler HARRY UF STATE

BARBARA KOHLER Registered Agent

Dated: Zelo 9, 2015

Dated: Zelo 9, 2015