

LO4000042599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

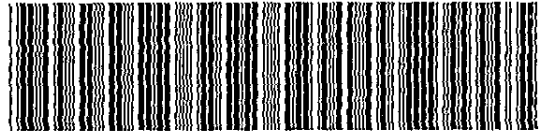
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900037034869

05/27/04--01053--019 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUN - 7 PM 4: 05

FILED

LO4-42599
JR



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 2, 2004

JOHN FLODEN
621 LA PLAZA AVENUE S.
ST. PETERSBURG, FL 33707

SUBJECT: SLEEP RESTORATION
Ref. Number: W04000021257

We have received your document for SLEEP RESTORATION and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 304A00037888

FILED
2004 JUN -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 24, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Articles of Organization

To Whom it May Concern:

Included is the Articles of Organization for the LLC, Sleep Restorations.
All correspondence for this matter can be directed to:

John or Linaea Floden
6860 Gulfport Blvd S #400
South Pasadena, FL 33707
(ph) 727.235.3198 John
(ph) 727.235.3188 Linaea

Sincerely,



John Floden
President/CEO

FILED
2004 JUN -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 3, 2004

Att: Tammi Kline
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Registration for Sleep Restoration, LLC

To Whom it May Concern;

This application is to REPLACE the previously submitted and rejected application for Sleep Restoration, LLC.

Please note the change in mailing address also. Thank You.

Sincerely,



Linnea Floden

FILED
2004 JUN -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sleep Restoration, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linaea Floden
(Name of Person)

Sleep Restoration, LLC
(Firm/Company)

6860 Gulfport Blvd. S, #374
(Address)

South Pasadena, FL 33707
(City/State and Zip Code)

For further information concerning this matter, please call:

Linaea Floden
(Name of Person)

at (727) 235-3188
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2004 JUN -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sleep Restoration, LLC

ARTICLE II - Address:

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

Principal Office Address:

621 La Plaza Avenue

St Petersburg, FL 33707

Mailing Address:

6860 Gulfport Blvd. S, #374

South Pasadena, FL 33707

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

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

John C Floden

Name

621 La Plaza Avenue

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

St Petersburg, FL 33707 FLORIDA

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUN - 7 PM 4: 05

FILED

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR (CEO/Pres.)

John Floden

621 La Plaza Avenue

St Petersburg, FL 33707

MGRM (CFO/Secrty.)

Linaea Floden

621 La Plaza Avenue

St Petersburg, FL 33707

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

John Floden

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)

FILED
2004 JUN -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA