

#022

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

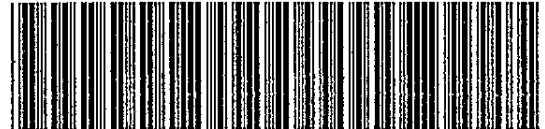
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~1005-5527~~  
but 2/24

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 24 PM 1:00

01/13/05--01046--024 \*\*130.L

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used

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Novo Mattresses 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:

Richard Thomas Ramos  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8960 SW 56 Terrace  
(Address)

Miami, FL 33173  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Thomas Ramos at ( 305 ) 205-8132  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 2, 2005

RICHARD THOMAS RAMOS  
8960 SW 56 TERRACE  
MIAMI, FL 33173

SUBJECT: NOVO MATTRESSES LLC  
Ref. Number: W05000005527

We have received your document for NOVO MATTRESSES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please amend Article II to reflect only one principal office address and only one mailing address.

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) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 905A00007555



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 10, 2005

RICHARD THOMAS RAMOS  
8960 SW 56 TERRACE  
MIAMI, FL 33173

SUBJECT: NOVO MATTRESSES LLC  
Ref. Number: W05000005527

We have received your document for NOVO MATTRESSES LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

You failed to return page two of your document. You must return page two of your document before your document can be processed.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 505A00009619

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Novo Mattresses LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

8960 SW 56 Terrace  
Miami, FL 33173

**Mailing Address:**

8960 SW 56 Terrace  
Miami, FL 33173

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

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

Richard Thomas

Name

8960 SW 56 Terrace Miami, FL 33173

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

Miami

FL

33173

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..*



Registered Agent's Signature

(CONTINUED)

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06 FEB 24 PM 1:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:**

MGRM

Richard Thomas Ramos

8960 SW 56 Terrace

Miami, FL 33173

MGRM

Christian Johnson G.

Edificio Centrum, piso 16

Av. Fco. de Orellana y Alberto Borgues

MGRM

Javier E. Barragan

1756 North Bay Shore Drive #38E

Miami, FL 33132

(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.)

Richard Thomas Ramos

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**