## L06000043927

| (Req                      | uestor's Name)   |              |
|---------------------------|------------------|--------------|
| (Address)                 |                  |              |
| (Add                      | iress)           |              |
| (City.                    | /State/Zip/Phone | <i>⇒ #</i> ) |
| PICK-UP                   | MAIT             | MAIL         |
| (Bus                      | iness Entity Nan | ne)          |
| (Document Number)         |                  |              |
| Certified Copies          | Certificates     | of Status    |
| Special Instructions to F | iling Officer:   |              |
|                           |                  |              |
|                           |                  |              |
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|                           |                  |              |

Office Use Only



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DIVISION OF CORPORATIONS

OF APR 24 PM 4: 18

## **COVER LETTER**

| TO: Registration S Division of Co |   |   |  |
|-----------------------------------|---|---|--|
| SUBJECT:                          | Discount Slee<br>(Name of Limite  | o of Ocala L<br>d Liability Company)  | LC   |
| The enclosed Articles of          | of Organization and fee(s) are s  | ubmitted for filing.  |  |
| Please return all corresp         | condence concerning this matte  | er to the following:  |  |
|                                   | Michael 1   | Woeber_   |  |
|                                   | (   | Name of Person)   | OF APR 24 PH 4: 1  |
|                                   | (   | (Firm/Company)  | PFR C  |
|                                   | 2051 Hontoo   | n Road  | ORPOR S  |
|                                   |   | (Address)   | 5. AA  |
|                                   | Deland, FL  | 32720   | ळ क  |
|                                   | (City   | /State and Zip Code)  |  |
| For further information           | concerning this matter, please  | call:   |  |
| Tammy                             | Offenbacker<br>of Person)   | at ( 407 ) 366-<br>(Area Code & Daytime Te  | 3283<br>elephone Number)   |
| Enclosed is a check for           | or the following amount:  |   |  |
| \$125.00 Filing Fee               | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                                   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 32301 | ns   |

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY   |  |  |  |  |
|--|--|--|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |  |  |  |
| Discount Sleep of Ocala LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")   |  |  |  |  |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  |  |  |  |  |
| Principal Office Address: Mailing Address:   |  |  |  |  |
| 2051 Hontoon Road 2051 Hontoon Road Deland, FL 32720 Deland, FL 32720  |  |  |  |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  |  |  |  |  |
| The name and the Florida street address of the registered agent are:   |  |  |  |  |
| Michael Woeber   |  |  |  |  |
| Name   |  |  |  |  |
| 2051 Hontoon Koad  Florida street address (P.O. Box NOT acceptable)  |  |  |  |  |
| Deland, FL FL 32720 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 |  |  |  |  |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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 MGR Michael Woeber 2051 Honton Road Deland, FL 32720 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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

Filing Fees:

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

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)