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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY -2 PM 2:37

J. BRYAN MAY 11 2006



April 26, 2006

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

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
06 MAY -2 PM 2:37

RE: Sleep Centers of South Florida, LLC

Ladies/Gentlemen:

Enclosed please find an original and two (2) copies of the Cover Letter together with the Articles of Organization for Florida Limited Liability Company for the above-referenced entity.

Also enclosed is our check in the amount of One Hundred Twenty-Five and No/100 (\$125.00) Dollars to cover the cost of filing.

Please return to me a filed copy of the Cover Letter and Articles of Organization. A self-addressed envelope is enclosed for your convenience.

Should you have any questions, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,

Rebecca C. Bradshaw  
Executive Assistant

/rcb  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sleep Centers of South Florida, 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:

Barbara H. Lebow, Esq.

(Name of Person)

Barbara H. Lebow, Esq.

(Firm/Company)

11285 Elkins Road, Building E

(Address)

Roswell, Georgia 30076

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara H. Lebow, Esq.

(Name of Person)

at ( 770 ) 855-7677

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sleep Centers of South Florida, 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:**

184th Plaza, Atria Building

Unit 210

Pembroke Pines, FL 33025

**Mailing Address:**

184th Plaza, Atria Building

Unit 210

Pembroke Pines, FL 33025

**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:

National Registered Agents, Inc.

Name

2731 Executive Park Drive, Suite 4

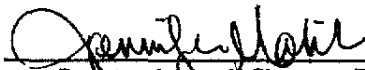
Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

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 (REQUIRED)

(CONTINUED)

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**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

Larry Webb

110 W. North Street, Suite 100

Greenville, SC 29601

MGRM

Matt Mellott

110 W. North Street, Suite 100

Greenville, SC 29601

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DIVISION OF CORPORATIONS  
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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(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:**

Barbara H. Lebow, ESQ  
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.)

BARBARA H. LEBOW, ESQ  
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)**