

Division of Corporations

LO700004057

Florida Department of State  
Division of Corporations  
Public Access System

## 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.

(((H07000032362 3)))



H070000323623ABCX

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)205-0383

## From:

Account Name : ACCUPAY SERVICES CORP.  
Account Number : I19990000169  
Phone : (954) 680-6114  
Fax Number : (954) 680-6135

2007 FEB -6 A 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SCANDINAVIAN MATTRESS GALLERY, AL

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
07 FEB -6 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H07000032362 3

**Articles of Organization  
For  
Florida Limited Liability Company**

**ARTICLE I**

The name of the Limited Liability Company is:

***SCANDINAVIAN MATTRESS GALLERY, LLC***

**ARTICLE II**

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

***11278 PINES BOULEVARD  
PEMBROKE PINES, FL 33026***

The mailing address of the Limited Liability Company is:

***11278 PINES BOULEVARD  
PEMBROKE PINES, FL 33026***

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

***ANY AND ALL LAWFUL BUSINESS.***

**ARTICLE IV**

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

***ACCUPAY SERVICES CORP.  
4801 SOUTH UNIVERSITY DRIVE  
SUITE 3090  
DAVIE, FL 33328***

Page 1 of 2

H07000032362 3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 FEB -6 A 9:58

FILED

H07000032362 3

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.

Registered Agent Signature: *John C. [Signature]*FOR ACCUPAY SERVICES CORP.**ARTICLE V**

The Limited Liability Company is a manager managed company.

**ARTICLE VI**

The name and address of managing members/managers are:

**TITLE: MGRM**  
**ERIC WELCH**  
**18036 SW 29<sup>TH</sup> STREET**  
**MIRAMAR, FL 33029**

**TITLE: MGRM**  
**DONNA WELCH**  
**18036 SW 29<sup>TH</sup> STREET**  
**MIRAMAR, FL 33029**

**ARTICLE VII**

The effective date for this Limited Liability Company shall be:

**FEBRUARY 6, 2007**

Signature of member or an authorized representative of a member.

Signature: *John C. [Signature]*FOR ACCUPAY SERVICES CORP.

2007 FEB -6 A 9 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**