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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

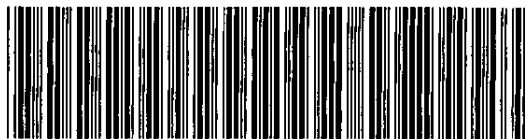
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 FEB 14 PM 2:41

G. MCLEOD

FEB 15 2008

EXAMINER

# ICARD MERRILL

ATTORNEYS & COUNSELORS

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Attorney at Law

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Sarasota, FL 34237  
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icardmerrill.com

February 12, 2008

**Via Federal Express Saver**

Florida Department of State  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

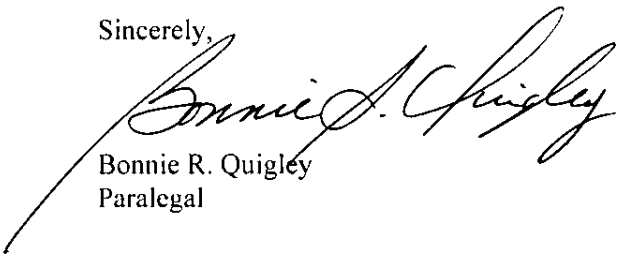
**RE: LarrySleep, LLC**

Dear Madam/Sir:

Enclosed herewith please find executed Articles of Organization for LarrySleep, LLC together with a check in the amount of \$155.00 representing the filing fee and a certified copy.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

  
Bonnie R. Quigley  
Paralegal

brq

Encs.

U:\rwebb\COHEN, Larry\DOLPHIN -Hurricane-5-G\Div Corp-LarrySleep LLC-filing-01-12-08 wpd

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LarrySleep, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC")

**ARTICLE II - Address:**

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

**Principal Office Address:**

1901 Hansen Street  
Sarasota, Florida 34231

**Mailing Address:**

1901 Hansen Street  
Sarasota, Florida 34231

**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:

Lawrence S. Cohen

Name

1901 Hansen Street

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

Sarasota 34231

FL

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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

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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:**

MGR

Lawrence S Cohen


1901 Hansen Street

Sarasota, Florida 34231

(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:**

  
~~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.)

Lawrence S. Cohen

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)