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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f.Status <u>· · · · ·</u> :
Special Instructions to I	Filing Officer:	
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M. THOMAS

OCT **6** 2009

EXAMINER

or or

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Coast Mattress Liquidators LLC

Name of Limited Liability Company

TAX EIN # 80-0485728

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

West Coast Mattress Liquidators For Liquidator

For further information concerning this matter, please call:

Nicholas A. Correnti III at (3/4) 550 2022

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
West Coast Mattress Liquidators LL C (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: Mailing Address:
14330 58th Street North Apt. 7-306 Clearwater, Florida 33760 Clearwater, Florida 33760
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or inother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Nicholas A. Corrent III Name 14330 58th - Street North - Apt. 7-306 Florida street address (P.O. Box NOT acceptable) Clearuater FL. 33760 City, State, and Zip
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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)

Page 1 of 2

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.	Nicholas A. Correnti III. 14330 58th Street North Act. 7-306 Clearwater, Florida, 33760
		TANGE OCT -5
ARTIO	(Use attachment if necessary) CLE V: Effective date, if other than the date	e of filing: Oct3009 . (OPTIONAL)
(If an e		ecific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	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.)		
	Nicholas Typed Filing Fees:	or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)