

5/4/2010

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : HUBCO  
 Account Number : 104662003400  
 Phone : (516) 935-3940  
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**L. SELLERS**  
 MAY -5 2010  
**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** shar3k@aol.com

**FLORIDA LIMITED LIABILITY CO.****SleepStar, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

10 MAY -4 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY -4 AM 10:15

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **SleepStar, 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:

4793 Brayton Terr S.

4793 Brayton Terr S.

Palm Harbor, FL 34685

Palm Harbor, FL 34685

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

**Sharon Larson**

Name

4793 Brayton Terr S.

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Palm Harbor, FL 34685

(City / State / 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 - Sharon Larson**

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**ARTICLE IV - Manager(s) or Managing Member(s):**

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The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" - Manager

"MGRM" - Managing Member

MGR


Sharon Larson - 4793 Brayton Terr S., Palm Harbor, FL 34685

MGR

Wesley Sykes - 4793 Brayton Terr S., Palm Harbor, FL 34685

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

**Sharon Larson**

Typed or printed name of signer