

L12000078680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

JUN 13 2012

N A M S

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Joe Pires offers Securities through
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June 1, 2012



Diane Cushing
Florida Department of State
P.O. Box 6327
Tallahassee, FL

Dear Diane:

Please find the documents enclosed to accomplish the following.

1. Dissolution of Bubba's Mattress Market, LLC L10000118550
2. Creation of a new LLC named Bubba's Mattress Market, LLC.
3. A signed document by all the members of the LLC mentioned in line 1 saying that they do not plan to reinstate their LLC and that they approve of the new entity (line 2) using the name.
4. A check in the amount of \$150.00 to cover the costs of the dissolution and the cost of the new LLC.

Sincerely,

Joe Pires, CFP
Joe@namsinc.net

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bubba's Mattress Outlet, 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:

Mailing Address:

929 S US Highway 17-92
Longwood, FL 32750

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.)

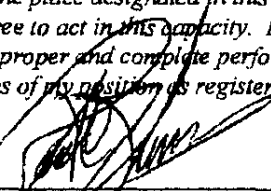
The name and the Florida street address of the registered agent are:

Robert C Hunn
Name

929 S US Highway 17-92
Florida street address (P.O. Box NOT acceptable)
Longwood FL 32750
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)

(CONTINUED)

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:

Member _____

Robert C Hunn

675 Old Geneva Rd.

Geneva, FL 32732

Mgrm _____

Tammy S Hunn

675 Old Geneva Rd.

Geneva, FL 32732

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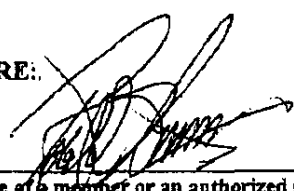
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 4, 2012 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert C Hunn

Typed or printed name of signer

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)