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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
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TALLAHASSEE, FLORIDA

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

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**FLORIDA LIMITED LIABILITY CO.
MATTRESS LAND LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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(X)

H13000125002

MATTRESS LAND, INC.
5001 South University Drive, Suite B
Davis, Florida 33328
Tel (854) 458-2000

June 5, 2013

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Approval for filing of Mattress Land LLC


Dear Sir/Madam:

I, the undersigned President of Mattress Land, Inc., EDN 27-0150286, Florida corporate document number P09000041319, which was filed on May 8, 2009, do hereby give permission for Mattress Land, LLC, to be formed and filed as a separate corporate entity with the Florida Secretary of State. The ownership of Mattress Land, Inc., will be substantially similar to Mattress Land, LLC.

I thank you in advance for your prompt attention to and anticipated cooperation in this matter. Of course, if you have any questions, or if I can be of any further assistance regarding this matter, please do not hesitate to contact me at any time.

Very truly yours,

MATTRESS LAND, INC.

By: 
Joseph B. Iona
President

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MATTRESS LAND 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:

5001 S UNIVERSITY DRIVE, STE B

DAVIE, FL 33328

Mailing Address:

5001 S UNIVERSITY DRIVE, STE B

DAVIE, FL 33328

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:

SOUTH FLORIDA TAX

Name

5001 S UNIVERSITY DRIVE, STE B

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


DAVIE,

FL

33328

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

"MORM" = Managing Member

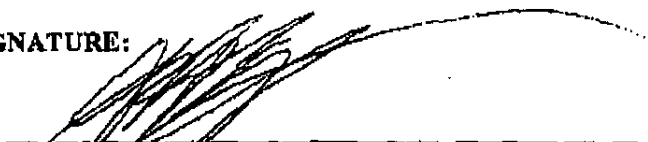
Name and Address:

<u>MGR</u>	<u>SCOTT E ITKIN</u>
	<u>5001 S UNIVERSITY DRIVE, STE B</u>
	<u>DAVIE, FL 33328</u>

(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. 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.817.135, F.S.)

SCOTT E. ITKIN

Typed or printed name of signer

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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)

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