

**L14000105300**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000157823 3)))



H14000157823ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : GRAYROBINSON, P.A. ~ ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

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

Email Address: debra.bete@gray-robinson.com

**FLORIDA LIMITED LIABILITY CO.**

**Institute of Healthy Sleep, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

14 JUL -1 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JUL -1 PM 3:33

FILED

Electronic Filing Menu Corporate Filing Menu

Help

B. BOSTICK

JUL - 2 2014

EXAMINER

7/1/2014

H14000157823 3

**ARTICLES OF ORGANIZATION FOR  
INSTITUTE OF HEALTHY SLEEP, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: INSTITUTE OF HEALTHY SLEEP, LLC

**ARTICLE II - ADDRESS**

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

4549 East Glen Kernan Parkway  
Jacksonville FL 32224

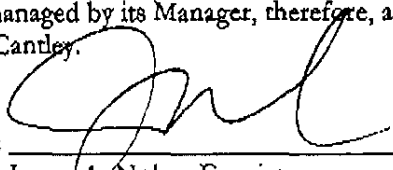
**ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE**

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

James A. Nolan, Esquire  
50 North Laura Street, Suite 1100  
Jacksonville, FL 32202

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by its Manager, therefore, a Manager managed company. The initial Manager is Mark Cantley.

By:   
James A. Nolan, Esquire  
Authorized Representative of Manager

*(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

H14000157823 3

FILED  
JUL 1 2014  
JUL 1 2014  
JUL 1 2014

FILED  
JUL 1 2014  
JUL 1 2014  
JUL 1 2014

FILED

H14000157823 3

**CERTIFICATE OF ACCEPTANCE OF  
DESIGNATION OF REGISTERED AGENT OF  
INSTITUTE OF HEALTHY SLEEP, LLC**

Pursuant to Chapter 605, Florida Limited Liability Company Act, James A. Nolan, Esquire, located at 50 North Laura Street, Suite 1100, Jacksonville, Florida, 32202, having been named as registered agent to accept service of process upon INSTITUTE OF HEALTHY SLEEP, LLC, hereby accepts the appointment as registered agent, agrees to act in that capacity, and agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties as registered agent, acknowledging hereby that it is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned corporation has caused this Certificate to be executed in Jacksonville, Duval County, Florida on this 1<sup>st</sup> day of July, 2014.

By: \_\_\_\_\_

James A. Nolan, Esquire  
Registered Agent

FILED  
2014 JUL -1 A 10:33  
CORPORATION STATE  
CLERK'S OFFICE  
JACKSONVILLE, FLORIDA

H14000157823 3