

L15 600 672084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

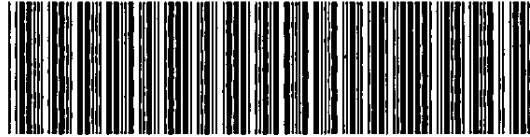
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 21 2015  
J. Shivers

# NEXSEN | PRUET

**Robert H. Hull, Jr.**  
Member

April 15, 2015

***VIA EXPRESS MAIL DELIVERY***

Florida Department of State  
Registration Section / Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

***Re: Sleeping with Sunshine, LLC***

Dear Sir or Madam:

Enclosed is an original of the Articles of Organization for the above-captioned entity, along with our check in the amount of **\$125.00** for the filing fee. After completion of the filing of the document, please send the file stamped document to my attention at the address shown on the letterhead.

Charleston

**Charlotte**

Columbia

Greensboro

Greenville

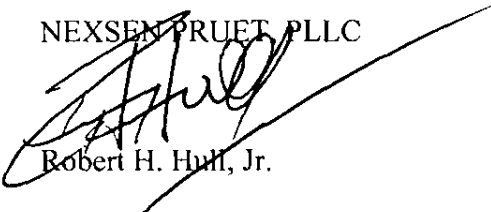
Hilton Head

Myrtle Beach

Thank you for your assistance.

Very truly yours,

NEXSEN PRUET, PLLC

  
Robert H. Hull, Jr.

RHH:lah  
Enclosure

cc: Sleeping with Sunshine, LLC (Ian Campbell)

227 W. Trade Street  
Suite 1550  
Charlotte, NC 28202  
[www.nexsenpruet.com](http://www.nexsenpruet.com)

T 704.338.5335  
F 704.805.4704  
E [BHull@nexsenpruet.com](mailto:RHull@nexsenpruet.com)  
Nexsen Pruet, PLLC  
**Attorneys and Counselors at Law**

NPCHLT1:848371.1-LT-(RIH) 055274-00001

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sleeping with Sunshine, LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Robert H. Hull, Jr.  
Name of Person

Nexsen Pruet  
Firm/Company

227 West Trade Street, Suite 1550  
Address

Charlotte, NC 28202  
City/State and Zip Code

bhull@nexsenpruet.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert H. Hull, Jr. at ( 704 ) 338-5335  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                         |                                                                         |                                                                                                   |                                                                                                                             |
|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

Sleeping with Sunshine, 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:

3430 Bishop Park Drive

3430 Bishop Park Drive

#223

#223

Winter Park, FL 32792

Winter Park, FL 32792

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:

Ian C. Campbell

Name

3430 Bishop Park Drive, #223

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

Winter Park

FL 32792

City

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

Ian C. Campbell

3430 Bishop Park Drive, #223

Winter Park, FL 32792

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

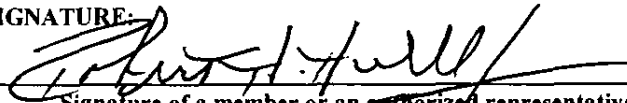
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

None

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 H. Hull, Jr.

Typed or printed name of signee

**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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