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.

(((H18000038945 3)))



HI 90000388453ABC5

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)617-6381

From:

Account Name : KOUTOULAS & RELIS, ELC

Account Number : I20070000005

Phone : (954)332-1345 Fax Number : (954)332-1346

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

Email Address: WHO & KrcDaS US

FLORIDA LIMITED LIABILITY CO.

Sleepare Florida LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

C RICO FEB 0 1 2018

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit #: <u>H180000389453</u>

ARTICLES OF ORGANIZATION OF Sleepare Florida LLC

The undersigned, acting as organizer of Sleepare Florida LLC, a company organized and created pursuant to Chapter 605, Florida Statutes hereby adopt the following Articles of Organization for said Florida limited liability Company:

<u>ARTICLE I.</u>

The name of the limited liability company shall be:

Sleepare Florida LLC

ARTICLE II.

The mailing and street address of the principal office of the limited liability company is:

1776 N Pine Island Road Suite 316 Planation, FL 33322

ARTICLE III.

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

Koutoulas & Relis, LLC 1776 N Pine Island Road Suite 316 Plantation, FL 33322 18 FEB - I PK 4: 48

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.

Steven Relis of Koutoulas & Relis LLC-Registered Agent

Prepared by: Koutoulas & Relis, LLC 1776 N Pine Island Road. Suite 316 Plantation, FL 33322 Phone: (954) 332-1345

Phone: (954) 332-134 Fax: (954) 332-1346

Fax Audit.#: <u>H180000389453</u>

Fax Audit #: 418000038945 3

ARTICLE IV.

This limited liability company is to be managed by two members. The name and address of the Authorized Member is as follows:

Shanir Kol – Authorized Member/Manager 1776 N Pine Island Road Suite 316 Plantation, FL 33322

Roi Iosip - Authorized Member/Manager 1776 N Pine Island Road Suite 316 Plantation, FL 33322

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or 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 <u>1,8</u>17-155, F.S.

Shanir Kol - Authorized Member/Manager
*Signature of Member or authorized representative of a member

Prepared by: Koutoulas & Relis, LLC 1776 N Pinc Island Road. Suite 316 Plantation, FL 33322 Phone: (954) 332-1345

Fax: (954) 332-1346

Fax Audit #: 41800 0038945 3