

4/24/2020

Division of Corporations

L2000109900

Florida Department of State
Division of Corporations
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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.**Allied Memory Foam LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

ALLIED MEMORY FOAM LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

ALLIED MEMORY FOAM LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

4500 Carmichael Avenue
Sarasota, FL 34234

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

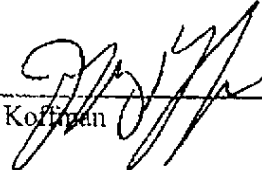
Jeffrey Koffman
4500 Carmichael Avenue
Sarasota, FL 34234

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

Jeffrey Koffman
4500 Carmichael Avenue
Sarasota, FL 34234

These Articles of Organization have been executed as of the ____ day of April, 2020.



Jeffrey Koffman

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

ALLIED MEMORY FOAM LLC

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

Jeffrey Koffman
4500 Carmichael Avenue
Sarasota, FL 34234

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

4/24/2020

Jeffrey Koffman

"REGISTERED AGENT"

FILED

2020 MAR 24 PM 3:01

FILED