Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KOUTOULAS & RELIS, LLC

Account Number : I20070000005 Phone : (954)332-1345

Fax Number : (954)332-1346

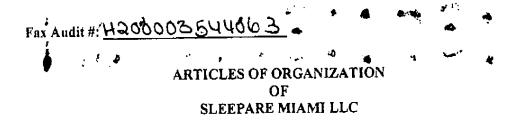
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## FLORIDA LIMITED LIABILITY CO.

# Sleepare Miami LLC

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



The undersigned, acting as organizer of Sleepare Miami 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:

# ARTICLE 1.

The name of the limited liability company shall be:

Sleepare Miami LLC

#### ARTICLE IL

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

1776 N Pine Island Road Suite 316 Plantation 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

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 L 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

Fax: (954) 332-1346

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# ARTICLE IV.

This limited liability company is to be managed by one member. The name and address of the Managing Member is as follows:

Shanir Kol – Authorized Member 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 s.817-155, F.S.

Shanir Kol- Authorized Member

\*Signature of Member or authorized representative of a member

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

Fax: (954) 332-1346

Fax Audit #: 420000 3544663

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