

**L21000322974**

Florida Department of State

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

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

Email Address: info@Krepos.US**FLORIDA LIMITED LIABILITY CO.****Critical Sleep LLC**

Certificate of Status	1
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CLERK OF COURT  
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION  
OF  
CRITICAL SLEEP LLC

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SECRETARY OF STATE  
TALLAHASSEE, FL

The undersigned, acting as organizer of Critical Sleep 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 I.

The name of the limited liability company shall be:

Critical Sleep LLC

ARTICLE II.

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

10790 NW 14<sup>th</sup> Street Apt 191  
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 Ste 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 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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
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**ARTICLE IV.**

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

Dionne M Morgan – Authorized Member  
10790 NW 14<sup>th</sup> Street Apt 191  
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.*

  
\_\_\_\_\_  
Dionne M Morgan – Authorized Member  
\*Signature of Member or authorized representative of a member

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SECRETARY OF STATE  
TALLAHASSEE, FL

Prepared by:  
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