L21000458314

(Requestor's Name)					
(Address)					
(Address)					
	(City/State/Zip/Phone #))			
PICK-UI	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer.					
•					

Office Use Only



100372745021

10/21/21--01019--008 **250.00

PECHIVED

. i:

CORPORATE When you need ACCESS to the world

ACCESS,

INC.

1.

2.

3.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALKIN					
		PICK UP:	_10/21	DANNY		
,	CERTIFIED COP	PY				
XX	РНОТОСОРУ	-				· ·
	CUS					
XX	FILING	<u>LL</u>	<u>.C</u>		-	
	ORPORATE NAME AND					
(C	ORPORATE NAME AND	DOCUMENT #)				
(C	ORPORATE NAME AND	DOCUMENT #)				
	ORPORATE NAME AND					
(C	ORPORATE NAME AND	DOCUMENT #)	_			
PECIAL STRUCT	TIONS:					

ARTICLES OF ORGANIZATION OF MY SLEEP COMPANY, LLC

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is MY SLEEP COMPANY, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing address of the principal office of the Limited Liability Company is 8838 Southern Breeze Dr., Orlando, FL 32836, and the street address is 2900 East Colonial Dr., Orlando, FL 32803.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 2900 East Colonial Dr., Orlando, FL 32803 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Maged Salem.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Maged Salem (AMBR)	Madhat Salem (AMBR)
8838 Southern Breeze Dr.	5744 Emerington Crescent
Orlando, El. 32836	Orlando El 32819

Majdi Salem (AMBR)	Marwan Salem (AMBR)
8743 The Esplanade Unit 22	10526 Emerald Chase Dr

Orlando, FL 32836 Orlando, FL 32836

SIXTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on October 20, 2021.

X Maged Salem

2021 OCT 21 NH 8: 40

CONSENT TO APPOINTMENT BY REGISTERED AGENT

I, having been named as Registered Agent for MY SLEEP COMPANY, LLC hereby voluntarily consent to serve as Registered Agent for MY SLEEP COMPANY, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: October 20, 2021

Maged Salem