

W23000172536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

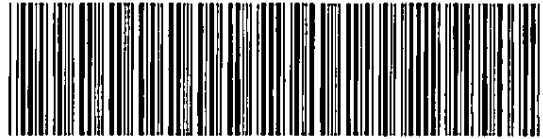
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000172536

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2023

BENJIMAN D. READ
2930 KERRY FOREST PKWY STE 101
TALLAHASSEE, FL 32309 US

SUBJECT: COMPASS SLEEP PRODUCTS, INC.
Ref. Number: W23000041786

We have received your document for COMPASS SLEEP PRODUCTS, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 023A00007096

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2023 APR 10 PM 3:25

REGISTRATION
SPECIAL
DIVISION



Michael Rayboun, Esquire
1410 Piedmont Drive E, Second Floor
Tallahassee, FL 32308
850-907-3313 : rachel@flalawfirm.com
FLALAWFIRM.COM

March 2, 2023

Sent Via U.S. Mail
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Articles of Conversion

To whom it may concern:

Enclosed are the filled out articles of conversion forms as well as check number 001844.
I ask you to contact our offices if you have any questions or concerns, or if I can provide any
help with problems related to this matter.

Sincerely,

RAYBOUN WINEGARDNER, PLLC

A handwritten signature in black ink, appearing to read "Rachel Loring".

Rachel Loring

Assistant to Jennifer Winegardner

23 APR 38 AM 3:23
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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Enclosed: Invoice and check #001844

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Compass Sleep Products, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Benjiman D. Read

(Contact Person)

Compass Sleep Products, LLC

(Firm/Company)

2930 Kerry Forest Pkwy, Suite 101

(Address)

Tallahassee, FL 32309

(City, State and Zip Code)

bread@twinoaksfl.org

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Benjiman D. Read at (850) 643-7768

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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23 APR 38 AM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Compass Sleep Products, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on March 22, 2021
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Compass Sleep Products, LLC.

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 2/28/2023
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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TALLAHASSEE, FLORIDA

Signed this 28 day of February, 2023.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Benjie Read
Printed Name: Benjiman D. Read Title: Manager/Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Ricky Riley
Printed Name: Ricky Riley Title: CEO

Signature: Benjie Read
Printed Name: Benjiman D. Read Title: CFO

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Compass Sleep Products, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2930 Kerry Forest Parkway, Suite 101
Tallahassee, FL 32309

Mailing Address:

2930 Kerry Forest Parkway, Suite 101
Tallahassee, FL 32309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Benjiman D. Read

Name

2930 Kerry Forest Parkway, Suite 102

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32309

City

Zip

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TALLAHASSEE, FLORIDA

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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..

Benji Read

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Benjiman D. Read

2930 Kerry Forest Parkway, Suite 102

Tallahassee, FL 32309

MGR

Ricky L. Riley

2930 Kerry Forest Parkway, Suite 102

Tallahassee, FL 32309

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Benjiman D. Read

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Benjiman D. Read

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA