# MAN POWER

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
(Address)
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(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

PICK UP: BI

**BROOK 2/28** 

	CERTIFIED COPY	, ,	
X	РНОТОСОРУ		
	GS		
K	FILING	LLC	
G	ARDNER MATTR	ESS SOUTH LLC	
(C	ORPORATE NAME AND D	OCUMENT #)	
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#### COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJEC	GARDNER MATTRESS SOUTH LLC	
SOBJEC	Name of Limited Liability Company	
The enclo	ed Articles of Organization and fee(s) are submitted for filing.	
Please re	rn all correspondence concerning this matter to the following:	
	KIRK H. FORSYTH	
	Name of Person	
	GARDNER MATTRESS SOUTH LLC	
	Firm/Cempany	
	2230 N FEDERAL HWY	
	Address	
	BOCA RATON FL 33483	
	City/State and Zip Code kirk@gardnermattress.com	
	E-mail address: (to be used for future annual report notification)	
For further	formation concerning this matter, please call:	
	Catherine Femyer 800 275-2070 55 53	
	Name of Person Area Code Daytime Telephone Number	١,
Enclosed	a check for the following amount: $\frac{1}{2} \left( \frac{1}{2} \right)^{\frac{1}{2}} = \frac{1}{2} \left( \frac{1}{2} \right)^{\frac{1}{2}} = \frac{1}$	
≣\$125.0	Filing Fee	フソ
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810	

Tallahassee, FL 32314

Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIM ITED LIABILITY COMPANY

ace designated in this certific ther agree to comply with th	red agent and to accept serv cate, I hereby accept the app te provisions of all statutes r	pointment as register relating to the proper as registered agent	e above stated limited liability red agent and agree to act in to r and complete performance o as provided for in Chapter 60	his capacity. I f my duties, and I
	City			
	City	State	Zip	
	Boca Raton	FL	33483	
	Florida street addres		acceptable)	
	2230 N Federal Hwy	v		
	Kirk H. Forsyth	Name		
The name and the Florida str	_	d agent are:		
ARTICLE III - Registered The Limited Liability Companother business entity with	oany cannot serve as its owr	n Registered Agent.	ent's Signature: You must designate an indiv	idual or
Boca Raton, FL	33483		ca Raton, FL 33483	
2230 N Federal I			30 N Federal Hwy ca Raton, FL 33483	
<u>Prir</u>	ncipal Office Address:		Mailing Address	<b>;</b>
ARTICLE II - Address: The mailing address and stre	et address of the principal	office of the Limite	d Liability Company is:	
		Liability Company	, "L.L.C.," or "LLC.")	
(Must	CTTRESS SOUTH LLC contain the words "Limited			

ARTICLE IV-

"AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	
AMBR	Gardner Ma:tress Corporation
	254 Canal Street Salem, MA 01970
	Saletti, MA 91970
MGR	Kirk H. Forsyth
	2230 N Federal Hwy
	Boca Raton, FL 33483
MGR _	Michael Pau
<del></del>	2230 N Federal Hwy
	Boca Raton, FL 33483
	<del></del>
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date te of filing.)  If the date inserted in this block	must be specific and cannot be more than five business days prior to or 90 days at does not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other the effective date is listed, the date te of filing.)	man the date of filing:
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CLE V: Effective date, if other the effective date is listed, the date is of filing.)  If the date inserted in this block current's effective date on the ECLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This docume.	must be specific and cannot be more than five business days prior to or 90 days and does not meet the applicable statutory filing requirements, this date will not be first department of State's records.  Ooccusioned by:  Link Forsitly  Link Forsi
CLE V: Effective date, if other the effective date is listed, the date it of filing.)  If the date inserted in this block current's effective date on the ECLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signate This docume I am aware the	must be specific and cannot be more than five business days prior to or 90 days and does not meet the applicable statutory filing requirements, this date will not be first department of State's records.  Docusioned by:  Link Forsyth  Docusioned by:  Link Forsyth  Department of a member or an authorized representative of a member.

#### 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)