

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

L97000000973

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800002285039--1
-09/04/97--01091--001
****293.75 ****293.75

SUBJECT: MURPHY BED PRODUCTS, L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00
Filing Fee
& Registered
Agent designation

☒ \$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

☐ \$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

☐ \$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: NORMAN T. ANDERSON Jr.
Name (Printed or typed)

6370-2 U.S. #1 NORTH
Address

St. Augustine, FLA. 32095
City, State & Zip

904 739 8055
Daytime Telephone number

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DIVISION OF CORPORATIONS
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NOTE: Please provide the original and one copy of the articles.

EP
9-5-97

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MURPHY BED PRODUCTS, LC

ARTICLE II - Address:

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

6370-2 U.S. #1 NORTH
ST. AUGUSTINE, FLA. 32095

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

AMERICAN WALL BED CO (NORMAN T. ANDERSON JR.)
6370-2 U.S. #1 NORTH
ST. AUGUSTINE, FLA 32095

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ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

*EACH ~~NEW~~ MEMBER MUST CONSENT IN WRITING
TO ADDITION OF NEW MEMBERS. TERMS ARE
NEGOTIABLE AT SUCH TIME BY BOTH MEMBERS.*

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

*THE REMAINING MEMBER(S) HAVE THE RIGHT TO
CONTINUE BUSINESS UPON THE DEATH, RETIREMENT,
RESIGNATION, EXPULSION, BANKRUPTCY OR DISSOLUTION
OF EXISTING MEMBERS*

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of MC 294

B&D PRODUCTS, LC. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0.
- 5) the total amount of 2, 3, and 4 is \$ 1000.00.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

MURPHY BED PRODUCTS L.C.

2. The name and address of the registered agent and office is:

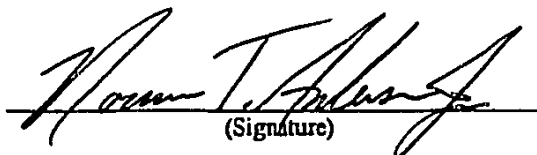
NORMAN T. ANDERSON JR.
(Name)

6370-2 U.S. #1 NORTA
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ST. AUGUSTINE, FLA. 32095
(City/State/Zip)

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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.


(Signature)

9/1/97
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent