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OREIGN LIMITED LIABILITY COMPANY

Sleep Equipment LLC

Certificate of Status	0
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Page Count	04
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Sleep Equipment LLC	
(Name of R	oreign limited liability company)
Indiana (Jurisdiction under the law of which foreign limited list company is organized)	3. 02-0733593 (FAI number, if applicable)
11/16/2004 (Date of Organization)	5. 12/31/2054 (Duration: Year limited liability company will cease to exist or "purportial")
Anticipated date is. September 1, 2005 (Date first trimulated business in Florid	ds. (See sections 508.501, 608.502, and 817.155, F.S.)
615 West Carmel Drive, Suite 100, Carmel, Indiana	46032 Fv: 8
(Street a	address of principal office)
If limited liability company is a manager-ma	naged company, check here
The name and usual business addresses of th	e managing members or managers are as follows:
LLC is member-managed	70.
sole member: Dormir LLC, 615 West Carmel Drive	, Suite 100, Carmel, Indiana 46032
the jurisdiction under the law of which it is organized	d. (A photocopy is not acceptable. If the certificate is in a foreign las
the jurisdiction under the law of which it is organized translation of the certificate under oath of the	e than 90 days old, duly authenticated by the official having custody of d. (A photocopy is not acceptable. If the certificate is in a foreign las translator must be submitted.) cted or promoted in Florida: Sale and lease of durable
the jurisdiction under the law of which it is organized translation of the certificate under oath of the	d. (A photocopy is not acceptable. If the certificate is in a foreign last translator must be submitted.)
the jurisdiction under the law of which it is organized translation of the certificate under each of the law of which it is organized translation of the certificate under each of the law	d. (A photocopy is not acceptable. If the certificate is in a foreign la translator must be submitted.)

Typed or printed name of signee

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Sleep Equip	ment LLC	•			
2. The nan	ne and the Florida street	address of the registe	red agent and off	ice are:	
		C T Corporation Sys	tero		
		(Name)			
	c/o C T Corp	eoration System, 1200 So	outh Pine Island Road	đ	No. 05
	Florida	street address (P.O. Box	NOT ACCEPTABLE)		FIG
	Plantation,	FL	33324		AUG 25
		(City/State/Zip)		1	- in
liability coi registered i statutes rel	en named as registered ag mpany at the place design agent and agree to act in ating to the proper and co obligations of my position	nated in this certificate this capacity. I furthe omplete performance	e, I hereby accept er agree to comply of my duties, and	t the appointment y with the provisi I am familiar wi	d limited 20 to so of the conditions of the cond
ву: С	C T Corporation Syste	om Sand And	L C		

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

SLEEP EQUIPMENT LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 16, 2004, and was in existence or authorized to transact business in the State of Indiana on August 24, 2005.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the scal of the State of Indiana, at the city of Indianapolis, this Twenty-Fourth Day of August, 2005

TODD ROKITA, Secretary of State

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