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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Phone

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Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company SIMMONS BEDDING COMPANY, LLC d/b/a SBC, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

Division of Corporation)S		
SUBJECT: Simmons Bedding C	Company, LLC		
· -	Name of Limi	Ited Liability Company	
The enclosed "Application by For Existence, and check are submitted	eign Limited Liability Cor I to register the above refe	mpany for Authorization to T erenced foreign limited liabil	ransact Business in Florida," Cartificate of ity company to transact business in Florida
Please return all correspondence c	oncerning this matter to th	ne following:	
Ron Richmond			
	1	Name of Person	· · · · · · · · · · · · · · · · · · ·
Simmons Beddin	g Company, LLC		
		Pirm/Company	
One Concourse	Parkway, Suite 800		· · · · · · · · · · · · · · · · · · ·
		Address	
Atlanta, GA 3032	~~~		
	City/s	State and Zip Code	
rrichmond@simm		d for future annual report notifi	
m e.a. te as to the	·	a tot intale munni lebou wata	caxion)
For further information concerning	mis matter, piease call:		
		at ()	
Name of	Contact Person	Area Code De	nytime Telephone Number
MAILING ADDRESS:		et address:	
Division of Corporations Registration Section		n of Corporations	
P.O. Box 6327			
Tellahassce, FL 32314	• • • • • • • • • • • • • • • • • • • •		
		ssee, FL 32301	
Enclosed is a check for the fol	lowing amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	☐ \$160,00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. Simmons Bedding Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	
BC, LLC	
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternability Company," "L.L.C," or "LLC.")	ate name must include "Limited
Delaware 3, 47-1992552	
(Jurisdiction under the law of which foreign limited liability (PEI number, if a company is organized)	pplicable)
Upon Qualification	
(Date first transacted business in Florida, if prior to registration.)	Þ _G —
(See sections 605.0904 & 605.0905, F.S. to defermine penalty liability)	F.E.
One Concourse Parkway, Suite 800, Atlanta, GA 30328	주를 당
	AS
	SS 25
(Street Address of Principal Office)	iu C 🗝
Same	<u>س</u> س_ عج
Salice	<u></u>
	<u>○</u> ::
	TATE ORIG
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to	A F
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The name, title or capacity and address of the person(s) who has/have authority to sten McGuffey, One Concourse Parkway, Suite 800, Atlanta, GA 30328 - Manager Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized. (reptable. If the certificate is in a foreign language, a translation of the certificate unst be submitted) Add Rudman	o manage is/are: henticated by the official A photocopy is not nder oath of the translator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the L	imited Liability Company is:	
Simmons Bedding Comp	eny, LLC	
If unavailable, the alt	ernate to be used in the state of Florida is:	
SBC, LLC		
2. The name and the	Florida street address of the registered agent and office are:	
		SI SIAT
	C T Corporation System	F8 - 5
	(Namo)	TL OCT
		AS TA
	1200 South Pine Island Road	SE S
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
		F.S
	Th	STATE CORIDA
	Plantation FL 33324	— 克克·克
	City/State/Zip	> ' ''

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, Florida Statutes.

C T Corporation System		Paraia Davan
Ву:	Comie Buyan	Connie Bryan
	(Signlature)	Registeral Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SIMMONS BEDDING COMPANY, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

14 OCT 15 PM L: 45
SECRETARY OF STATE

5614854 8300

141293957

You may verify this certificate chiine at corp. delawere.gov/authver.shtml

Jeffrey W. Baltnck, Secretary of State

AUTHENTY CATION: 1780691

DATE: 10-15-14