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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 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.\*\*

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### Foreign Limited Liability Company Serta Simmons Bedding, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALL AHASSEE, FLORID,

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10/15/2014

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Serta Simmons Beddin	ng, LLC
	Name of Limited Liability Company
The enclosed "Application by Forelg Existence, and check are submitted to	gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate of o register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence cor	cerning this matter to the following:
Ron Richmond	
<del></del>	Name of Person
Simmons Bedding	
	Firm/Company
One Concourse Pa	rkway, Suite 800
·	Address
Atlanta, GA 30328	
	City/State and Zip Code
richmond@simmor	E-mail address: (to be used for future annual report notification)
For further information concerning th	is matter, please call:
Ren Richa	at (770) 206-2722  Intert Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassoc, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
Enclosed is a check for the follo	Tallahassee, FL 32301  owing amount: \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy 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:

1. Serta Simmons Bedding, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	(T)	_
(If compared to the state of th		<b>-</b>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name ma Liability Company," "L.L.C," or "LLC.")	ist [nclude "Li	mited
2. Delaware 3, 01-0931874		
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)		_
4. Upon Qualification		
(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		_
5. One Concourse Parkway, Suite 800, Atlanta, GA 30328	<del></del>	-
(Street Address of Principal Office)	····-	-
6. Same		
		_
(Mailing Address)		-
7. The name, title or capacity and address of the person(s) who has/have authority to manage	idare	
7. The name, one of supretty and address of the person(s) who has/have address to manage	15 etc.	
Kristen McGuffey, Exexc. Vice President - One Concourse Parkway, Suite 800, Atlanta, GA 30328		<del></del>
	-	-
		-
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated naving custody of records in the jurisdiction under the law of which it is organized. (A photococceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)	opy is not	
Ron Rachaman		
Signature of an authorized person		
in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the 5 in aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a	acts stated herei. 817.(55, F.S.)	in are true. I
Ron Richmond	<i>2</i> 0	71
Typed or printed name of signee	AR	74 OCT
	AS.	N (
	- 58 - 78 - 78 - 78	•
	CF ST	E I
	5 ± 5	

1. The name of the Limited Liability Company is:

# 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.

Serta Simmon	ns Bedding, LLC	<u>:</u>						
If unavailab	f unavailable, the alternate to be used in the state of Florida is:							
2. The nam	e and the Flor	rida street address	of the registered agent and office are:					
		c1	T Corporation System					
			(Name)					
			South Pine Island Road kiress (P.O. Box NOT ACCEPTABLE)					
	<del></del> -	Plants	ation FL 33324 City/State/Zip					
liability com registered as statutes relai	pany at the pla gent and agree ting to the pro	ace designated in t to act in this cape per and complete p	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, Florida					
	С Т Согроп	ation System	Connia Bryan					
	Ву:	(Signs	Characharu Por	14 OC				
		\$ 100.00 \$ 25.00	Filing Fee for Application  Designation of Registered Agent	<u> </u>				

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SERTA SIMMONS BEDDING, 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 BEEN PAID TO DATE.

SECRETARY OF STATE

4732875 8300

141293975

You may verify this certificate online at corp. delaware. gov/authver.ahtml

Sciliney W. Bullock, Secretary of State

DATE: 10-15-14