

M1700000 3231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

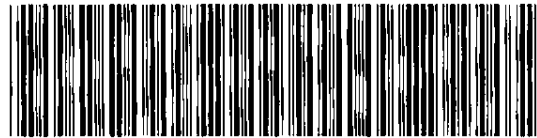
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900297891969

04/15/17--01015--030 \*\*125.00

17 APR 13 PM 2:54

FILED  
MAR 13 2017  
FBI - MEMPHIS

APR 11 2017  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SECOND ACT SLEEP PRODUCTS LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAYESH PATEL

\_\_\_\_\_  
Name of Person

SECOND ACT SLEEP PRODUCTS LLC

\_\_\_\_\_  
Firm/Company

1721 MOON LAKE BLVD SUITE 205

\_\_\_\_\_  
Address

HOFFMAN ESTATES, IL 60169

\_\_\_\_\_  
City/State and Zip Code

VSTAX@RSLTOMIC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAYESH PATEL

847

910-3814

at (

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 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 WITNESS WHEREOF, I, the undersigned, do hereby certify that the following is submitted to register a foreign limited liability company for transacting business in Florida.

1. SECOND ACT SLEEP PRODUCTS LLC

(Name of foreign limited liability company must include "limited liability company" or "LLC")

2. SECOND ACT SLEEP PRODUCTS LLC

(If name unavailable, enter alternate name adopted for its purpose of transacting business in Florida. The alternate name must include "limited liability company" or "LLC" or "LLC")

3. IL INDIS

(Jurisdiction under the law of which foreign limited liability company is organized)

83-05,448

(Identification number)

4. 12/13/2016

(Date of registration in Florida, prior to registration, see sections 605.0201 or 605.0205, F.S. to determine penalty, if any)

5. 1721 MOON LAKE BLVD SUITE 205

HOFFMAN ESTATES, IL 60169

(Street Address of Principal Office)

6. 1721 MOON LAKE BLVD SUITE 205

HOFFMAN ESTATES, IL 60169

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kristin Bolden

Assistant Secretary

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JAYESH PATEL - COO

1721 MOON LAKE BLVD SUITE 205

HOFFMAN ESTATES, IL 60169

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JAYESH PATEL

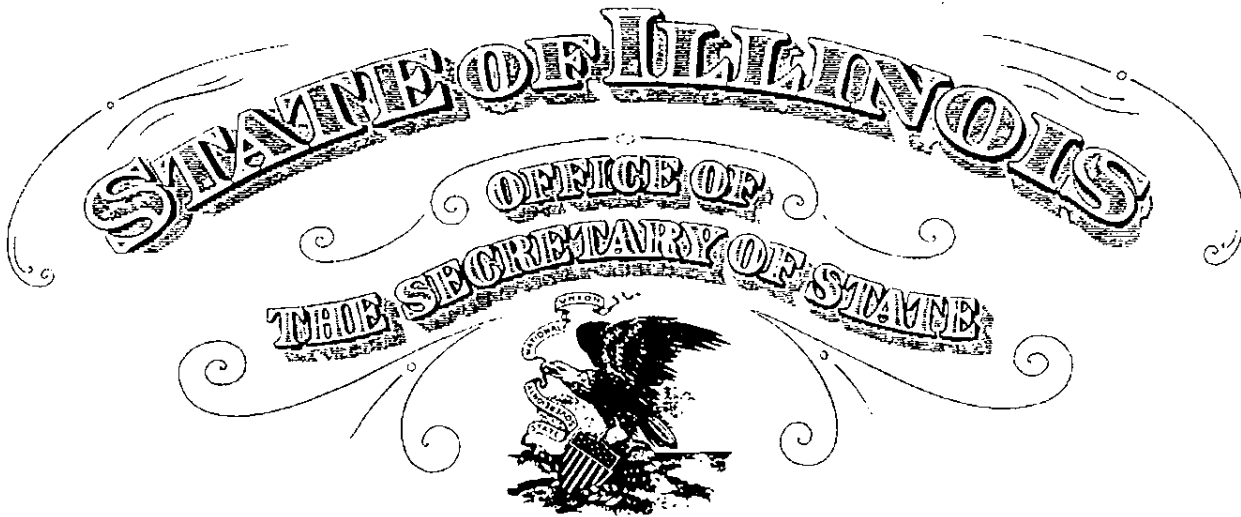
Typed or printed name of signee

17 APR 13 PM 2:54

FILED

File Number

0570351-4



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SECOND ACT SLEEP PRODUCTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 14, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 30TH*  
*day of MARCH A.D. 2017 .*



Authentication #: 1708903540 verifiable until 03/30/2018

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE