

M170000 10118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

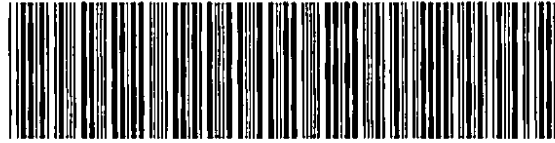
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 NOV 30 PM 1:24
J. HARRIS

REC 811
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sleep Over, 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:

Shawn K. Bell, Esq., State of Maine- Registered Agent

Name of Person

The Bell Firm, PA

Firm/Company

PO Box 1776

Address

Lewiston, ME 04241-1776

City/State and Zip Code

bell@bellfirmmaine.com and copy to RHC7744@aol.com

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

For further information concerning this matter, please call:

Shawn K. Bell

207

376-3330

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2017

SHAWN K BELL
THE BELL FIRM, PA
PO BOX 1776
LEWISTON, ME 04241-1776

SUBJECT: SLEEP OVER, LLC
Ref. Number: W17000091784

We have received your document for SLEEP OVER, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 117A00023309

2017 NOV 30 PM 5:33

TELEPHONE

2017 NOV 30 PM 1:25

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sleep Over, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC.")
Sleep Over FL, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Maine 3. 82-3380153
(Jurisdiction under the law of which foreign limited liability company is organized) (E.I. number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

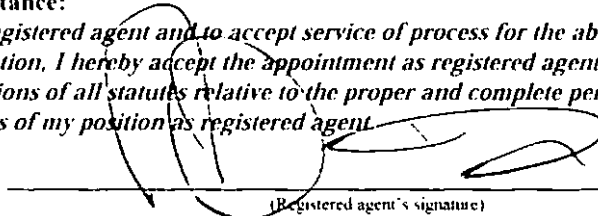
5. 550 Center St 6. PO Box 9340
(Street Address of Principal Office) (Mailing Address)
Auburn, ME 04210 Auburn, ME 04210

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

Name: Richard H. Critchfield, Esq.
Office Address: 1001 East Atlantic Avenue, Suite 201
Delray Beach, Florida 33483
(City) (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.


(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>George P. Schott</u> <u>PO Box 9340</u> <u>Auburn, ME 04210</u>		

(Use attachments if necessary)

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)

10. 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.


Signature of an authorized person

George P. Schott, Member

Typed or printed name of signee

State of Maine



Department of the Secretary of State

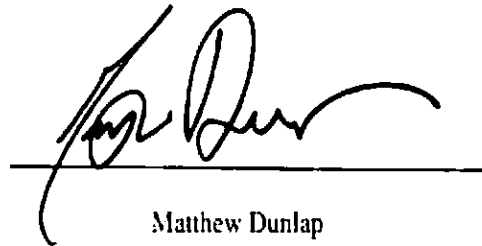
I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that SLEEP OVER, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is October 23, 2017.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twentieth day of November 2017.




Matthew Dunlap
Secretary of State