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#### **COVER LETTER**

	egistration Section vision of Corporation	s			
CHIDITECT	Singular Sleep LLC				
SUBJECT	:		Limited Liability (	Company	
					nnsact Business in Florida," Certificate of y company to transact business in Florida
Please retur	rn all correspondence c	oncerning this matter to the	following:		
	Joseph Krainin				
	<u></u>	N	lame of Person		<del></del>
	Singular Sleep 1	LC			
		F	irn/Company		
	830 A1A N, Sui	te 13-308			
			Address		
	Ponte Vedra Be	ach Fl. 32082			
		City/S	State and Zip Code		
	joseph@singulars	leep.com			
		E-mail address: (to be use	d for future annual	report not	ification)
For further	information concerning	this matter, please call:			
Jo	seph Krainin		323 at (	383-259	
	Name o	Contact Person	Area Code	Day	rtime 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			
	a check for the following \$125.00 Filing Fee	ng amount:  \$\Boxed{\Omega} \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$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:

Singular Sleep LLC (Name of Foreign	Limited Liability Compa	ny; must include "Limit	ed Liability Com	pany," "L.L.C.," or "Ll.C.")	
*	•	•	-		
name unavailable, enter alternate n	ame adopted for the purpose	of transacting business in Flo	orida. The alternate	name must include "Limited Liah	oility Company," "L.L.C," or "LLC."
South Carolina			3 47-2	2225526	
(Jurisdiction under the law of wh	hich foreign limited liability o	ompany is organized)		(FEI numb	er, if applicable)
10/27/2014					
	(Date first transacted b	usiness in Florida, if prior to	registration.)		
422 Jacksonville Dr. U			, , -		
422 Jacksonville Dr. U	Principal Office)	<del></del> _	0	A1A N, Suite 13-308 (Mailing Addr	ress)
Jacksonville Beach FL	32250		Pont	e Vedra Beach FL 3208	82
<u> </u>					
Name and street addres	ss of Florida register	ed agent: (P.O. Box	x <u>NOT</u> accep	table)	
Name:	Joseph Krainin				
vanc.				_	
Office Address:	830 A1A N, Suite	·		_	
	Ponte Vedra Beach	h FL		. Florida 32082	
		(City)		(Zip code	<del></del>
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Typed or printed name of signee

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

### SINGULAR SLEEP, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on October 27th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of April, 2018.

Mark Hammond, Secretary of State