

1/30/2020

M2000001306

Division of Corporations
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
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

2020 JUN 30 AM 10:18

**Foreign Limited Liability Company
Pacific Coast Feather Cushion, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

STATE OF FLORIDA
FILED

2020 JAN 30 PM 1:36

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Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX

JAN 31 2020

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. Pacific Coast Feather Cushion, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, entity alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware (Jurisdiction under the law of which design limited liability company is organized)
3. 84-2827124 (FEI number, if applicable)

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

5. 901 Yamato Rd., Ste. 250 (Street Address of Principal Office)
6. 901 Yamato Rd., Ste. 250 (Mailing Address)

Boca Raton, FL 33431 Boca Raton, FL 33431

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(Chy) (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.

By: C T Corporation System Kimberly Laughrey (Registered agent's signature) Kimberly Laughrey Asst. Sec.

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MILWAUKEE COUNTY
CLERK OF CIRCUIT COURT

5. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:

Manager Name: Bedding Acquisition, LLC

Member Address: 901 Yamato Rd., Ste. 250

Authorized Boca Raton, FL 33431

Person: _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Cristina Kopecky

Member Address: 901 Yamato Rd., Ste. 250

Authorized Boca Raton, FL 33431

Person: _____

Other President _____ Other _____

Manager Name: Jonathan Lucas

Member Address: 901 Yamato Rd., Ste. 250

Authorized Boca Raton, FL 33431

Person: _____

Other VP / Treas. _____ Other _____

Manager Name: Rose Ruiz

Member Address: 901 Yamato Rd., Ste. 250

Authorized Boca Raton, FL 33431

Person: _____

Other Secretary _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person: _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

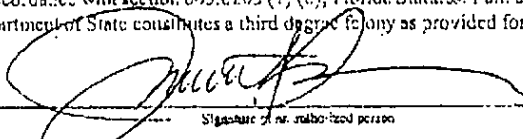
Person: _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Jonathan Lucas

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACIFIC COAST FEATHER CUSHION, 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Handwritten signature of Jeffrey W. Bullock, Secretary of State, written in black ink over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7573707 8300

SR# 20200654701

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

Authentication: 202285728

Date: 01-29-20