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COVER LETTER

•	Stanton Sleep, LLC		
SUBJE	CCT:		_
	Name	of Limited Liability Company	
		ompany for Authorization to Transact Business in Florida eferenced foreign limited liability company to transact bus	
lease	return all correspondence concerning this matter to	the following:	
	Lori Stanton		
		Name of Person	_
	Stanton Sleep, LLC		
		Firm/Company	_
	7601 Palmer Glen Circle		
		Address	_
	Sarasota, FL 34240		262
	Cit	y/State and Zip Code	- 1 ·
	lstanton1207@yahoo.com		
	E-mail address: (to be	used for future annual report notification)	
For fur	ther information concerning this matter, please call	:	55
	Lori Stanton	770 639-6889	· 元
	Name of Contact Person	Area Code Daytime Telephone Number	_
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount:		

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

IN COMPLIANCE WITH SECTION (05,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	adopted to the purpose of transacting instincts of the	orida. The alternate name must include "Limited Liability	Company," "L.L.C," or
ieorgia		45-5407618 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if:	ipplicable)
01/11/2021			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration) ne penalty liability)	_
7601 Palmer Glen Circ	:le	7601 Palmer Glen Circle	
et Address of Principal Office)		6(Mailing Address)	
Sarasota, FL 34240		Sarasota, FL 34240	26.2
			 -
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name and street addres		NOT acceptable)	1.27
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box Lori Stanton	NOT acceptable)	F 12:1:
	Lori Stanton	NOT acceptable)	12:10
		NOT acceptable)	12: 11:
Name:	Lori Stanton	NOT acceptable) 34240 Florida (Zip code)	12:11

8. 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: Title or Capacity: Name and Address: Name: Lori Stanton □ Manager □ Manager Name: Address: ____ Address: _____ ■ Member □ Member Sarasota, FL 34240 □ Authorized □ Authorized Person Person □Other Other____ □Other____ □Other____ Name: _____ □Manager □Manager Name: ______ □ Member Address: □ Member Address: □ Authorized □ Authorized Person Person □Other____ □Other ____ □Other_____ Other____ Name: □ Manager □ Manager Name: Address: ______ Address: □Member □Member ☐ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 £05.0203 (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

Typed or printed name of signee

Lori Stanton

Control Number: 12059528

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

STANTON SLEEP, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20085816 Date Inc/Auth/Filed: 07/19/2012 Jurisdiction : Georgia : 01/25/2021 Print Date

: 211 Form Number



Brad Raffonsperger

Brad Raffensperger Secretary of State