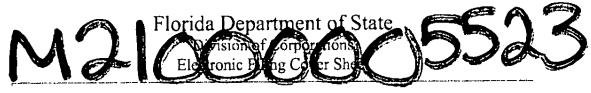
5/7/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001843943)))



H210001843943ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)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:

Foreign Limited Liability Company Tailored Foam of Florida, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

7. Britimbles

From: Ranae McGraw

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA SURTURES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN "LIMITED LIABILITY

2021-05-07 08:06:09 CST

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Tailored Foam of Florida, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLLC," or "LLC.") (If many annuallable, enter alternate many adopted for the purpose of immancing bestiness in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware 59-2689313 (FFI number, if applicable) Direction under the law of which foreign limited liability company is organized) (Date first transacted business in Floride, if prior to registration.)
[See sections 605,0904 & 605,0905, F.S. to determine penalty liability) Same as Principal Office 3900 St. Johns Pkwy (Mailing Address) (Street Address of Principal Office) Sanford, FL 32771 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jason R. Sander Name: 3900 St. Johns Pkwy Office Address: Sanford 32771 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.

Registraça azent's signature)

From: Ranae McGraw

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):

2021-05-07 08:06.09 CST

Title or Capacity:	Name and Address;	Title or Capacity:		Name and Address:
≅Manoger	Name: SEI Group, LLC	□Manager	Name:	
≣ Member	Address: 2351 Button Gwinnett Dr.	□Member	Address:	
□Authorized	Suite 800	□ Authorized		
Person	Doraville, GA 30340	Person		
☐Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□ Other	· · · · · · · · · · · · · · · · · · ·	Other
□Manager	Name:	□Munager	Name:	<u> </u>
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	<u> </u>	
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 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
Jason R. Sander	
	Typed or printed name of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TAILORED FOAM OF FLORIDA, 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 SEVENTH DAY OF MAY, A.D. 2021.

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

e at corp.delaware.gov/authv

Authentication: 203150006

Date: 05-07-21