

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

S. CHATHAM  
DEC - 3 2024

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

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

No Sleep Saves Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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TALLAHASSEE, FL

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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** No Sleep Saves Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Erik Treutlein, Legalzoom.com, Inc.

\_\_\_\_\_  
Name (Printed or typed)

9900 Spectrum Drive

\_\_\_\_\_  
Address

Austin, TX 78717

\_\_\_\_\_  
City, State & Zip

323 962-8600 ext. 9724

\_\_\_\_\_  
Daytime Telephone number

ramanagement@legalzoom.com

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

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S.. (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: No Sleep Saves Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4400 W Spruce St 468

Tampa, Hillsborough, Florida, 33607

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is : \_\_\_\_\_

The purpose of my nonprofit will be to donate to entities that help fight that mental health epidemic  
that is happening in America at the moment.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The method by  
which the directors of the corporation are elected or appointed will be stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Steven Ross Sinclair (CEO)

Address: 4400 W Spruce St 468  
Tampa, FL, 33607

Name and Title: Bree Nault (S)

Address: 4400 W Spruce St  
Tampa, FL, 33607

Name and Title: Kate Takacs (T)

Address: 4400 W Spruce St  
Tampa, FL, 33607

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: United States Corporation Agents, Inc.

Address: 476 Riverside Ave.

Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Steven Ross Sinclair

Address: 4400 W Spruce St

Tampa, FL, 33607

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Erik Troutlein*

11/29/2024

Required Signature of Registered Agent

Date

Erik Troutlein, United States Corporation Agents, Inc.

*I submit this document and affirm that the facts stated herein are true. 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.*

/s/ Jessie J Hudson

11/29/2024

Required Signature of Incorporator

Date

Jessie J Hudson

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