

PO1000058177

TRANSMITTAL LETTER

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

SUBJECT:

PERFECT BEDDING, INC.

(Proposed corporate name - must include suffix)

600004415506--1

-06/12/01--01022--001

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

ANTONIA URENA

Name (Printed or typed)

1850 SW 8. STREET SUITE 204 F

Address

MIAMI FL. 33135

City, State & Zip

(305)

OR 643-6827

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN 11 PM 12:19

FILED

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

REGISTER

JUN 12 2001

W01-12183



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 30, 2001

ANTONIA URENA  
1850 SW 8 ST, SUITE 204F  
MIAMI, FL 33135

SUBJECT: PERFECT BEDDING, INC.  
Ref. Number: W01000012183

We have received your document for PERFECT BEDDING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$78.75.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6919.

Beth Register  
Corporate Specialist Supervisor  
New Filings Section

Letter Number: 101A00032765

# ARTICLES OF INCORPORATION

PERFECT BEDDING, INC.

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be: PERFECT BEDDING, INC.

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01 JUN 11 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4340 E. 10 CT  
HIALEAH FL. 33013

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES OF COMMON STOCK HAVING  
PAR VALUE OF 1.00 PER SHARE

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIRIAM MOLINA  
10090 NW 80 CT APT. 1453  
MIAMI FL. 33016

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MIRIAM MOLINA-President  
10090 NW 80 CT APT#1453  
MIAMI FL 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21 day of MAY, 19 01.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee -**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PERFECT BEDDING, INC.

2. The name and address of the registered agent and office is:

MIRIAM MOLINA

(Name)

10090 NW 80 CT APT.1453

(P.O. Box not acceptable)

MIAMI FL 33016

(City/State/Zip)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

05/21/01

(Date)