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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07-28-03

TRANSMITTAL LETTER

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

SUBJECT: Sleep All Night. INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Chris ZACCO
Name (Printed or typed)

PO Box 666
Address

Ocala FL 34471
City, State & Zip

352-690 6099
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Sleep All Night, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 666 Ocala FLA. 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical marketing field

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Chris ZACCO
PO Box 666
Ocala, 34471

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

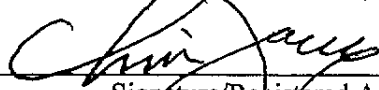
Chris ZACCO
1217 SE 7th Ocala, FLA 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chris ZACCO
PO Box 666 Ocala FLA 34471

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



Signature/Registered Agent

7-17-03

Date



Signature/Incorporator

7-17-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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