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.

Division of Corporations Electronic Filing Cover Sheet

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Τų:

Division of Corporations

Fax Number : (850)617~6380

From:

Account Name : SWART BAHMBUK & COMPANY, LLD

Account Number : 120000000291

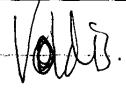
Phone : (407)847-7466

Fax Number

: (608)399-1028

DISSOLUTION OR WITHDRAWAL SLEEP DEVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |



Electronic Filing Menu

Corporate Filing Menu

Help

{((H11000222034 3)))

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|
| SUBJECT: Sleep Devices, Inc. | | | |
| DOCUMENT NUMBER: P03000112493 | | | |
| The enclosed Articles of Dissolution and fee are submitted | for filing. | | |
| Please return all correspondence concerning this matter to the | ne following: | | |
| Candy McDonah | | | |
| (Name of Contact Person) | | | |
| Swart Baumruk & Company LLP | | | |
| (Firm/Company) | | | |
| 1101 Miranda Lane (Address) | | | |
| , . | | | |
| Kissimmee, FL 34741 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Candy McDonah at (407 | 847-7466 | | |
| (Name of Contact Person) (Area | Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | | |
| ▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Certificate of Status Certified Copy (Additional copenciosed) | y Certificate of Status & | | |
| MAILING ADDRESS; | STREET ADDRESS: | | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee. FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| (((H11000222034 3))) | | | |

(((H11000222034 3)))

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| LTW2T. | the name of the corboration as entirently filed whit the violities Debattment (| or State: | |
|---------|----------------------------------------------------------------------------------------------------------------------------|--------------|-------------|
| | Sleep Devices, Inc. | | |
| SECOND: | The document number of the corporation (if known) P03000112493 | | |
| THIRD: | The date dissolution was authorized: 9/7/11 | | _ |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution | i filo date) | - |
| FOURTH: | Adoption of Disselution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes east was sufficient for approval. | for dissolut | ion |
| | Dissolution was approved by the shareholders through voting groups | | |
| | The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve: | enitied | |
| | The number of votes east for dissolution was sufficient for approval by | | |
| | · · · · · · · · · · · · · · · · · · · | | T |
| | (voting group) | | = |
| | Signature: (By a director, president or other officer - if directors or officers have not been relected by | OF STATE | (M) |
| | an incorporator - if in the hands of a receiver, thistee, or other court appointed fiductary, by that fiduciary) | | |
| | Najeeb A. Zuberi | | |
| | (Typed or primed name of person signing) | | |
| | President | | |
| | (Trie of person signing) | | |

Filing Fee: \$35

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