

P04000027728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

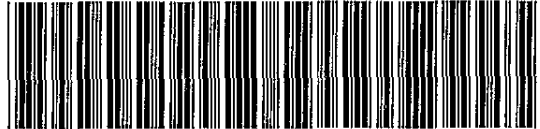
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/11/04--01026--003 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

js

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Florida Mattress, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporate(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:

FLORIDA MATTRESS, INC.

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TALLAHASSEE, FLORIDA

ARTICLES II PRINCIPAL OFFICE

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

2905 NW 30TH AVENUE
MIAMI, FL 33142

ARTICLES III SHARES

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

500 SHARES \$ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CESAR ALFONSO IVIRICU
2905 NW 30TH AVENUE
MIAMI, FL 33142

ARTICLES V INCORPORATE(S)

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

CESAR ALFONSO IVIRICU
2905 NW 30TH AVENUE
MIAMI, FI 33142

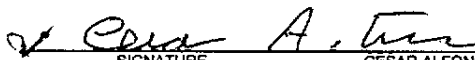
PRESIDENT, TREASURER, SECRETARY
DIRECTOR

ARTICLE VI DIRECTOR (S)

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

CESAR ALFONSO IVIRICU
2905 NW 30TH AVENUE
MIAMI, FI 33142

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this
5TH day of FEBRUARY, 2004

		
SIGNATURE	CESAR ALFONSO IVIRICU	PRESIDENT, SECRETARY TREASURER DIRECTOR
<hr/>		
SIGNATURE	RAUL R. V. MIRANDA	
<hr/>		
SIGNATURE	DAVID CATERSON	

Articles of Incorporation

Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, 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.

The name of the corporation is:

FLORIDA MATTRESS, INC.

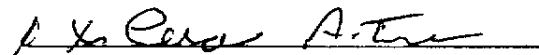
The name and address of the registered agent and office is:

CESAR ALFONSO IVIRICU
(Name)

2905 NW 30TH STREET
(PO Box not acceptable)

MIAMI, FL. 33142
(City/State/Zip)

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.


CESAR ALFONSO IVIRICU (Signature)

02/5/2004
(Date)

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