

# POS000066961

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**To:**

Division of Corporations  
Fax Number : (850)205-0381

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**MATTRESS 4 LESS, INC**

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

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**ARTICLES OF INCORPORATION  
OF**

**MATTRESS 4 LESS, INC**

The undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the law of State of Florida.

**ARTICLE I - NAME**

The name of the corporation shall be:

**MATTRESS 4 LESS, INC**

**ARTICLE II - PRINCIPAL OFFICE**

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

**9937 PINES BLVD  
PEMBROKE PINES, FL 33024.**

**ARTICLE III - DURATION**

This corporation shall commence its existence immediately upon the filing of these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

**ARTICLE IV - PURPOSE**

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida.

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**ARTICLE V - AUTHORIZED SHARES**

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

**1000 shares at \$ 1.00 (one dollar) each**

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial office of this Corporation and Florida Street address of the initial registered agent is:

**9937 PINES BLVD  
PEMBROKE PINES FL, 33024.**

**ARTICLE VII - INITIAL BOARD OF DIRECTOR**

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the By-Law but shall never be less than one. The name and address of the initial directors of this Corporation is:

**RAMON A LOPEZ (President)  
9937 PINES BLVD  
PEMBROKE PINES FL, 33024.**

**ARTICLES VIII – INCORPORATOR**

The name and street address of the incorporator to these articles of incorporation is:

**RAMON A LOPEZ  
9937 PINES BLVD  
PEMBROKE PINES FL, 33024.**

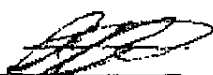
The undersigned incorporator has executed these Articles of Incorporation this  
05<sup>TH</sup> MAY, 2005.

  
\_\_\_\_\_  
**RAMON A LOPEZ**

**ARTICLE IX – POWERS OF CORPORATION**

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

IN WITNESS WHEREOF, I, the undersigned, being the Incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and outside the State of Florida, under the laws of Florida, make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and hereunto sign my name on this 05<sup>TH</sup> MAY, 2005.

  
\_\_\_\_\_  
**RAMON A LOPEZ**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: **MATTRESS 4 LESS, INC**

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

**RAMON A LOPEZ**  
(Name)

**9937 PINES BLVD**  
Address

**PEMBROKE PINES FL, 33024.**

(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.

  
(Signature)

**05/05/05**  
(Date)

**DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314.**

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