

P13000040952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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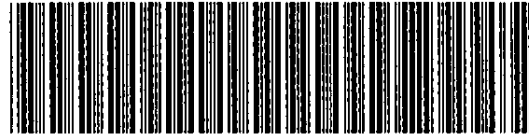
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY -6 PM 1:21

PS 5/7/13

COVER LETTER

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

SUBJECT: Sleep Comfort 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: Susana Martinez

Name (Printed or typed)

800 Brickell Ave, Suite 1105

Address

Miami, FL 33131

City, State & Zip

305 910 6668

Daytime Telephone number

susanamartinezlaw@att.net

E-mail address: (to be used for future annual report notification)

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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Sleep Comfort Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19950 West Country Club Dr.#100
Aventura, FL 33180

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: buying and selling mattresses

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Miguel Ascanio Smidt</u>	Name and Title:	<u>Maria del Pilar Flores Ramirez</u>
Address	<u>19950 West Country Club Dr.</u>	Address:	<u>19950 West Country Club Dr.</u>
	<u>Suite 100, Aventura, FL</u>		<u>Suite 100, Aventura, FL</u>
	<u>33180</u>		<u>33180</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(cont.)

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DIVISION OF CORPORATIONS

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Susana Martinez

Address: 800 Brickell Avenue, Suite 1105

Miami, FL 33131

ARTICLE VII INCORPORATOR

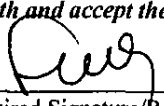
The name and address of the Incorporator is:

Name: Susana Martinez

Address: 800 Brickell Avenue, Suite 1105

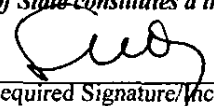
Miami, FL 33131

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


Required Signature/Registered Agent

4/29/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

4/29/13
Date