

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H15000213151 3)))



H15000213151 3ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SLEEP BETTER PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

EFFECTIVE DATE 9/1/15

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

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

**SUBJECT:** Sleep Better Products, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Thomas D Trainor  
\_\_\_\_\_  
Name (Printed or typed)  
  
16100 S Parker Avenue  
\_\_\_\_\_  
Address  
  
Homer Glen IL 60491  
\_\_\_\_\_  
City, State & Zip  
  
708-805-7490  
\_\_\_\_\_  
Daytime Telephone number  
  
thomas@tax-accountant.com  
\_\_\_\_\_  
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. (Prof)

FILED

19 SEP -3 AM 7:49

**ARTICLE I NAME**

The name of the corporation shall be: Sleep Better Products, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8710 w Hillsborough Ave.

Suite 188

Tampa, FL 33615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The transaction of any lawful act or activity for which corporations may be incorporated under the Florida Business

Corporation act

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Paula Trainor , President

Name and Title: \_\_\_\_\_

Address 5805 Hatteras Palm Way

Address: \_\_\_\_\_

Tampa , FL 33615

Name and Title: John Trainor , Vice President

Name and Title: \_\_\_\_\_

Address P.O. Box 408

Address: \_\_\_\_\_

Morrisville, NC 27560

Name and Title: Thomas Trainor , Secretary /Treasurer

Name and Title: \_\_\_\_\_

Address 16100 S Parker Road

Address: \_\_\_\_\_

Homer Glen IL 60491

9/3/2015 11:40:41 AM From: To: 8506176381( 4/4 )

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: Paula Trainor  
Address: 5805 Hesperia Palm Way  
Tampa FL 33615

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Thomas D Trainor  
Address: 16100 S Parker Road  
Haines City, FL 33891

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/1/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/1/2015  
\_\_\_\_\_  
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

9/1/2015  
\_\_\_\_\_  
Date