

MAR/24/2016 THU 3:49

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ZZUPER MATTRESS, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Help

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3/24/2016 12:42:33 PM PAGE 1/001 Fax Server



March 24, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: ZZUPER MATTRESS, CORP.
REF: W16000022009

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

IT APPEARS THAT THE PURPOSE IS INCOMPLETE. PLEASE CORRECT THE DOCUMENT ACCORDINGLY.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Matthew T Moon
Document Specialist

FAX Aud. #: H16000073239
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FAX No.

P. 003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ZZZUPER MATTRESS, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2731 SW 24 STREET

2731 SW 24 STREET

MIAMI, FL 33145

MIAMI, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIGUEL ANGEL MARIN (P/D)

Name and Title: DAYMI MARIN (S/D)

Address: 2731 SW 24 STREET

Address: 2731 SW 24 STREET

MIAMI, FL 33145

MIAMI, FL 33145

Name and Title: LUIS ALBERTO PEREZ (V/D)

Name and Title: _____

Address: 2731 SW 24 STREET

Address: _____

MIAMI, FL 33145

Name and Title: LAYDIS CANCELLA (T/D)

Name and Title: _____

Address: 2731 SW 24 STREET

Address: _____

MIAMI, FL 33145

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MIGUEL ANGEL MARIN
Address: 2731 SW 24 STREET
MIAMI, FL 33145

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MIGUEL ANGEL MARIN
Address: 2731 SW 24 STREET
MIAMI, FL 33145

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

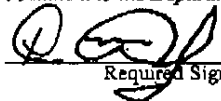


Required Signature/Registered Agent

03/22/2016

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

03/22/2016

Date