

P/6000059632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

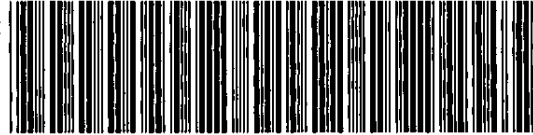
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W/16-47256

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** APOLLO MATTRESS, INC.

\_\_\_\_\_  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

STEPHEN S. RUSSO

\_\_\_\_\_  
Contact Person

APOLLO MATTRESS, INC.

\_\_\_\_\_  
Firm/Company

1007 SYMPHONY ISLES BLVD

\_\_\_\_\_  
Address

APOLLO BEACH, FL 33572

\_\_\_\_\_  
City, State and Zip Code

srusso@lumasleep.com

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

For further information concerning this matter, please call:

John Schnackel, Attorney

at ( 813 ) 639-7685

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees    ☒ \$113.75 Filing Fees    ☐ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees.  
and Certificate of    and Certified Copy    Certified Copy, and  
Status    Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2016

STEPHEN S. RUSSO  
1007 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572

SUBJECT: APOLLO MATTRESS, LLC  
Ref. Number: W16000047256

We have received your document for APOLLO MATTRESS, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 316A00014173

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

APOLLO MATTRESS, LLC

L15-8387

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on MAY 12, 2015

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

APOLLO MATTRESS, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JULY 1, 2016

**(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)**

**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.

Signed this 20<sup>th</sup> day of JUNE, 20<sup>16</sup>

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**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an  
Incorporator: [Signature]  
Printed Name: STEPHEN S. RUSSO Title: INCORPORATOR

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: STEPHEN S. RUSSO Title: MGR & MBR

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE FLORIDA

Name and Title:	JAMES V. SIRAGUSA, D
Address:	182 WEST LAKEVIEW DRIVE NE MILLEDGEVILLE, GA 31062

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII REGISTERED AGENT**

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

Name: REGISTERED AGENTS, INC.  
Address: 3030 N. ROCKY POINT DRIVE, SUITE 150A  
TAMPA, FL 33607

**ARTICLE VIII INCORPORATOR**

The name and address of the Incorporator is:

Name: STEPHEN S. RUSSO  
Address: 1007 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572

**ARTICLE X EFFECTIVE DATE**

Effective date, if other than the date of filing: JULY 1<sup>st</sup>, 2016

(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*

Bill Havre Bill Havre--Assistant Secretary      6/20/16  
Required Signature/Registered Agent      Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Stephen S. Russo      6/20/16  
Required Signature/Incorporator      Date