

Curson  
Requestor's Name  
AKerman  
Address  
222-3471  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LACK of Sleep, Inc.  
(Corporation Name) (Document #)

2. ~~99000030463~~  
(Corporation Name) (Document #)

3. ~~99000030463~~  
(Corporation Name) (Document #)

4.   
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 APR -2 AM 10:55  
RECEIVED  
Please  
certify  
the copy  
attached

Thank you

T. SMITH APR 02 1999

Examiner's Initials

AKERMAN, SENTERFITT & EIDSON, P.A.

ATTORNEYS AT LAW

LAS OLAS CENTRE • SUITE 950  
450 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE, FLORIDA 33301-2227  
(954) 463-2700  
FACSIMILE (954) 463-2224

April 1, 1999

**VIA HAND DELIVERY**

Secretary of State  
Department of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

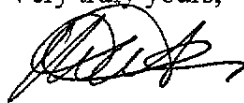
**Re: LACK OF SLEEP, INC.**

Dear Sir/Madam:

Please find enclosed a check in the amount of \$78.75 representing the filing fee for filing the attached Articles of Incorporation and for a certified copy of the Articles of Incorporation.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



KELLEY WHITER, ESQ.

DB/ns  
Enclosure(s)

99 APR -2 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF INCORPORATION  
OF**

**LACK OF SLEEP, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation:

**ARTICLE I  
NAME**

The name of the corporation is Lack of Sleep, Inc. (hereinafter called the "Corporation").

**ARTICLE II  
PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office and mailing address of the Corporation is: 2300 NE 33 Avenue, Suite #404, Fort Lauderdale, Florida 33305.

**ARTICLE III  
CAPITAL STOCK**

The number of shares of stock that the Corporation is authorized to issue is One Thousand (1,000) shares, \$0.01 par value per share, of common stock. Each issued and outstanding share of common stock shall be entitled to one vote on each matter submitted to a vote at a meeting of the shareholders.

**ARTICLE IV  
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Corporation's initial registered office is: 2300 NE 33 Avenue, Suite #404, Fort Lauderdale, Florida 33305. The name of the Corporation's initial registered agent at that office is: Kelley Whiter.

**ARTICLE V  
INCORPORATOR**

The name and street address of the incorporator of the Corporation is: Kelley Whiter, 2300 NE 33 Avenue, Suite #404, Fort Lauderdale, Florida 33305.

**ARTICLE VI  
INITIAL DIRECTORS**

The name and street address of the individual who is to serve as the initial director of the Corporation is: Kelley Whiter, 2300 NE 33 Avenue, Suite #404, Fort Lauderdale, Florida 33305.

**ARTICLE VII**  
**INDEMNIFICATION**

The Corporation shall indemnify any present or former officer or director, or person exercising powers and duties of an officer or a director, to the full extent now or hereafter permitted by law.

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Incorporation this 1st day of April, 1999.



Kelley Whiter, Incorporator

**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of Section 607.0501 of the Florida Business Corporation Act, the undersigned submits the following statement in accepting the designation as registered agent and registered office of Lack of Sleep, Inc., a Florida corporation (the "Corporation"), in the Corporation's articles of incorporation:

Having been named as registered agent and to accept service of process for the Corporation at the registered office designated in the Corporation's articles of incorporation, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate this 1st day of April, 1999.



Kelley Whiter, Registered Agent

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA