## F23000006702

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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11/14/28--01081--002 \*\*70.00

1023 NOV 14 FM 3: 45

## **COVER LETTER**

TO: Registration Section Division of Corporation	ns			
SUBJECT: Harbor Springs M	attress Co.			
30D/LC1.	Name of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by I "Certificate of Existence," or "c above referenced foreign corpo	Certificate of Good Standi	ng" and check are submi		
Please return all correspondence	e concerning this matter to	the following:		
Jessica M. Wojtowicz Heston				
	Name of Pe	erson		
Nelson Forster & Stikovich, P.C.				
	Firm/Compa	any		
413 Waukazoo Ave, PO Box 809				
	Address	5		
Petosky, MI 49770				
	City/State and	l Zip code		
jessica@accesslaw.net				
E-m	ail address: (to be used for	r future annual report not	ification)	
For further information concern	ning this matter, please cal	ł:		
Jessica M. Wojtowicz Heston 224		Daytime Telephone Number		
Name of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
_	ORIDA DEPARTMENT C 18,75 Filing Fee & 🗀 :		<ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>	

## ÁPPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

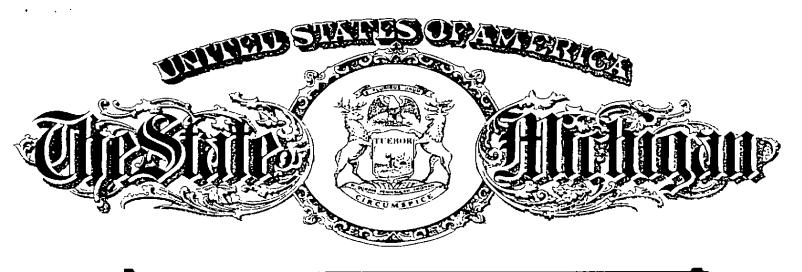
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Michigan (State or country under the law of w 04/21/2004	hich it is incorporated) 3		
0.1/21/2001	hich it is incorporated)		<del></del>
04/21/2004		(FEI number, if a	applicable)
	5	(Date of duration, if othe	
(Date of incorporation)		(Date of duration, if othe	π than perpetual)
(Date (SEE SECT	first transacted business in F FIONS 607.1501 & 607.150	Plorida, if prior to registration) 2. F.S., to determine penalty liab	ility)
8643 Harbor-Petoskey Rd., Harbor Sp	orings, MI 49740		
	(Principal office	street address)	
	(Current mailing	address, if different)	
Name and street address of Florid	a registered agent: (P.O.	Box NOT acceptable)	
Paracorp Incorpor	rated		: <b>2</b>
155 Office Plaza	Daine La Claur	<del></del>	2023 NOV 14 PH 3:
Tice Address:	THE TREFTOOL	<del></del>	VOV
Tallahassee		, Florida	
	(City)	(Zip code)	P.
Desirtared agent's agentances			- ω l
Registered agent's acceptance: aving been named as registered ag	eent and to accept service	of process for the above stat	
		nt as registered agent and ag	
ngnuica in tria appiicanom, i neri		., ,, ,,	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	;					
Chairman	Name:	∐Chairman	Name			
□Vice Chairman	Address: 1187 S. Lakeshore Drive	□Vice Chairman	Address:			
☐ Director	Harbor Springs, MI 49740	□ Director	Harbor Springs, MI 49740			
President	Rtaptan	□ President				
□Vice President		■Vice President				
☐ Secretary	□Treasurer	□ Secretary	☐ Treasurer			
Other						
□ Chairman	Name: Armen Karaptian	Chairman	Name:			
□Vice Chairman	Address: 8643 Harbor - Petoskey Road	□Vice Chairman	Address:			
Director	Harbor Springs, MI 49740	□ Director				
□ President		President				
□Vice President		□Vice President				
■Secretary	Treasurer	Secretary	☐Treasurer			
□Other		□Other	□Other			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□ Director		Director				
☐President		☐ President				
□Vice President		□Vice President				
□Secretary	☐ Treasurer	Secretary	☐Treasurer			
Other	Other	Other				
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of the index when filing	nt of State Annual Re	port form.			
12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.						
she is aware that fa	lse information submitted in a document to the Depart	ment of State constitu	tes a third degree felony as provided for in			
she is aware that fall s.817.155, F.S.	lse information submitted in a document to the Departs an, President  (Typed or printed name and capacity of perso	ment of State constitu	tes a third degree felony as provided for in			





Lansing, Michigan

This is to Certify That

HARBOR SPRINGS MATTRESS CO.

was validly incorporated on April 21, 2004 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 23100184009

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of October, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau