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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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****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
Maples Insurance Inc.

Certificate of Status	0
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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:

MAPLES INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1051 E. SAMPLE ROAD
POMPANO BEACH, FLORIDA 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT
BRITTANI D. JOHNSON
4220 N.W. 21ST ST. #201
LAUDERHILL, FLORIDA 33313

SECRETARY
GUS JONES
3450 N.W. 23RD ST.
LAUDERDALE LAKES, FLORIDA 33311

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PAGE 2 MAPLES INSURANCE INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GUS JONES
3450 N.W. 23RD ST.
LAUDERDALE LAKES, FLORIDA 33311


ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

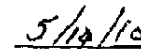
BRITTANI D. JOHNSON
4220 N.W. 21ST ST. #201
LAUDERHILL, FLORIDA 33313

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.


GUS JONES / Registered Agent


Date


BRITTANI D. JOHNSON / Incorporator


Date

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